

No. 300
10-48

FILED MAR 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9651

0650

BIRTH NO. _____ REG. DIST. NO. 210 PRIMARY REG. DIST. NO. 4322 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY Mercer		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Harrison	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Princeton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural	
c. LENGTH OF STAY (in this place) 6 days		d. STREET ADDRESS (If rural, give location) 2 1/2 Miles S. W. of Cainsville.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Axtell Hospital Princeton, Mo.			
3. NAME OF DECEASED (Type or Print) a. (First) John		b. (Middle) _____ c. (Last) Robbins	
4. DATE OF DEATH (Month) (Day) (Year) March 4 1950			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 13, 1865
9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) Mercer Co., Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Wesley Homer Robbins		13b. MOTHER'S MAIDEN NAME Susan Collins	
14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Homer Robbins		ADDRESS Cainsville, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) uremia		INTERVAL BETWEEN ONSET AND DEATH 5 days	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) generalized arteriosclerosis		12 yrs.	
DUE TO (c) _____		4500F	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. fracture left femur		5 days	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) near Cainsville, Missouri			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 2-27-50		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? slipped on ice in yard.			
22. I hereby certify that I attended the deceased from 2-27-50 , 19 50 , to 3-4-50 , 19 50 , that I last saw the deceased alive on 3-4-50 , 19 50 , and that death occurred at 2:35A m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Byron J. Axtell, V D. O.		23b. ADDRESS Princeton, Missouri.	
23c. DATE SIGNED Mar. 4, 1950			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar. 5, 1950	
24c. NAME OF CEMETERY OR CREMATORY Freedom Cemetery		24d. LOCATION (City, town, or county) (State) RFD Cainsville, Missouri.	
DATE REC'D BY LOCAL REG 3-15-50		REGISTRAR'S SIGNATURE M. J. Ruth Dep. 393	
25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS Cainsville, Mo.	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, of by

Eddie J. Stoklasa

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 3502

P. O. Address Cainsville, Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.