No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED FEB 17 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5099

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 32

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Carthage
c. LENGTH OF STAY (in this place): 24 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): McCune Brooks Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Jasper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Carthage 0493
d. STREET ADDRESS (If rural, give location): 200 N. Garrison

3. NAME OF DECEASED (Type or Print)
a. (First): Delia
b. (Middle): Abigail
c. (Last): ROBBINS

4. DATE OF DEATH (Month) (Day) (Year): Feb. 5, 1951

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 30, 1887
9. AGE (In years last birthday): 63
IF UNDER 1 YEAR: Months 10 Days 5
IF UNDER 24 HRS.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Buffalo, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Arch Blankenship
13b. MOTHER'S MAIDEN NAME: Julia Cannon
14. NAME OF HUSBAND OR WIFE: Geo. W. Robbins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): — — — —
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Geo. W. Robbins
ADDRESS: 200 N. Garrison Carthage, Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cancer of Ovary — INTERVAL BETWEEN ONSET AND DEATH: 2 Mo.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____ 175x

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1-12-51
19b. MAJOR FINDINGS OF OPERATION: Abdomenal Metastasis - Cancer of Ovary
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): none
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): none m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 3, 1950, *to* Jan. 12, 1951, *that I last saw the deceased alive on* Feb 4, 1951, *and that death occurred at* 3:00A m., *from the causes and on the date stated above.*

23a. SIGNATURE: George H. Wood M.D. (Degree or title)
23b. ADDRESS: Carthage Mo
23c. DATE SIGNED: Feb 5 51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-7-51
24c. NAME OF CEMETERY OR CREMATORY: Maple Park
24d. LOCATION (City, town, or county) (State): Aurora, Mo.

DATE REC'D BY LOCAL REG.: 2-6-51
REGISTRAR'S SIGNATURE: L.B. Clinton, MD 139
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Ulmer Funeral Home Carthage, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 2/15/51
Jasper County Health Office

County File Number 51-2-128

Date Filed 2/15/51

MAR 27 1951

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, or by _____

_____ Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed John S. Dennehy

Licensed Embalmer No. 4194

P. O. Address _____

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

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