

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33800

State File No.

4340

FILED OCT 27 1951

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>	
c. LENGTH OF STAY (in this place) <u>32 YEARS</u>		d. STREET ADDRESS (If rural, give location) <u>4520 OLIVE STREET</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4520 OLIVE STREET</u>			

3. NAME OF DECEASED a. (First) <u>MRS. FANNIE</u>		b. (Middle) <u>COLLINS</u>		c. (Last) <u>ROBBINS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>OCTOBER-9-1951</u>		
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5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED 2</u>		8. DATE OF BIRTH <u>SEPT. 30-1872</u>		9. AGE (In years last birthday) <u>79</u>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 14 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>---</u>			11. BIRTHPLACE (State or foreign country) <u>MAYSVILLE, KENTUCKY</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
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13a. FATHER'S NAME <u>W. H. BERRY</u>			13b. MOTHER'S MAIDEN NAME <u>ANNIE TAYLOR</u>			14. NAME OF HUSBAND OR WIFE <u>EGBERT ROBBINS</u>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>E. L. ROBBINS</u>		ADDRESS <u>4520 OLIVE ST KANSAS CITY, MO</u>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>status arthritidis deformans</u>						INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>senility</u> <u>arterio sclerosis</u> DUE TO (c) <u>97 yr duration</u>							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						<u>7230</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from 1925, 19 , to 10/9, 1951, that I last saw the deceased alive on 10/8, 1951, and that death occurred at 2:30 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Delon A. Williams</u> MD (Degree or title)		23b. ADDRESS <u>806 Park Blvd</u>		23c. DATE SIGNED <u>10/9/51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>OCT-11-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>PLEASANT RIDGE CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>WESTON MISSOURI</u>	
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DATE REC'D BY LOCAL REG. <u>10-11-51</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Neasome's Sons</u>		ADDRESS <u>1331 BRUSH CREEK KANSAS CITY, MO.</u>	
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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, or by.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Bernard L. Horan*

Licensed Embalmer No. *4250*

P. O. Address *A. O. 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.