

S. No. 300
V. 10.48

FILED FEB 11 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2171

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 4381 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Nodaway	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hopkins		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hopkins 0740	
c. LENGTH OF STAY (in this place) 43 yrs		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) JACOB b. (Middle) DANIEL c. (Last) Robbins			4. DATE OF DEATH (Month) (Day) (Year) JAN 29-1952		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Nov. 4-1868	9. AGE (In years last birthday) 83 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) FARMER		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Bloomdale - Ohio		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Russell Robbins	13b. MOTHER'S MAIDEN NAME SARAH Hiller	14. NAME OF HUSBAND OR WIFE Belle Robbins
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 ADDRESS Mrs Belle Robbins, Hopkins, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 10 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) 794X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **1/1** 1952 to **1/29** 1952, that I last saw the deceased alive on **1/29 1952** and that death occurred at **1:15 p.m.** from the causes and on the date stated above.

23a. SIGNATURE [Signature]	(Degree or title)	23b. ADDRESS Hopkins	23c. DATE SIGNED 1/29/52
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JAN. 31-1952	24c. NAME OF CEMETERY OR CREMATORY Hopkins	24d. LOCATION (City, town, or county) (State) Hopkins Mo
DATE REC'D BY LOCAL REG. 2-9-52	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Stanley Swanson, Hopkins Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

740
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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.....

myself

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Stanley Swanson*

Licensed Embalmer No. *3963*

P. O. Address *Hopkins, 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.