

FILED MAR 20 1952

STANDARD CERTIFICATE OF DEATH

State File No.
9119

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 73

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

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Monroe</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Monroe City, Mo</u>	
c. LENGTH OF STAY (In this place) <u>6 Days</u>		d. STREET ADDRESS (If rural, give location) <u>E. Summer St 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Elizabeth Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>-</u> c. (Last) <u>Robbins</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 12, 1952</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>April 10, 1889</u>	9. AGE (In years last birthday) <u>62</u> Months <u>11</u> Days <u>28</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer Ret.</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Marion County, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.C.</u>
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13a. FATHER'S NAME <u>Jerry Robbins</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Julia</u>		14. NAME OF HUSBAND OR WIFE	
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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>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Jesse Robb</u> ADDRESS <u>Monroe 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			INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebro-vascular accident</u>			
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) starting the underlying cause last. DUE TO (b) <u>Hypertensive cardiac</u> DUE TO (c) <u>vascular disease</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>1 yr.</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (m.)	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 3/6, 1952, to 3/12, 1952, that I last saw the deceased alive on 2/12, 1952, and that death occurred at 3:35 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>William</u> (Degree or title)	23b. ADDRESS <u>1001 Bolway</u>	23c. DATE SIGNED <u>3-14-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>3-14-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Palmyra Mo</u>
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DATE REC'D BY LOCAL REG. <u>3-14-52</u>	REGISTRAR'S SIGNATURE <u>Dr. E.M. Lucke By W. Fisher</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wilson & Son</u> ADDRESS <u>Monroe City Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED **MAR 18 1952**
WARION CO. HEALTH DEPT.
DATE FILED **MAR 16 1952**

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 me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Leslie L. Wilson

Licensed Embalmer No. 3014

P. O. Address Monroe City 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.