

STANDARD CERTIFICATE OF DEATH

State File No. 9184BIRTH NO. 7070 APR 15 1952REG. DIST. NO. 227 PRIMARY REG. DIST. NO. 4340 Registrar's No. 17

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|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>MONROE</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>STOUTSVILLE</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>STOUTSVILLE 069</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>✓</u> | | d. STREET ADDRESS (If rural, give location) <u>✓</u> | |

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| 3. NAME OF DECEASED (Type or Print), a. (First) <u>SUSAN</u> b. (Middle) <u>POWERS</u> c. (Last) <u>ROBBINS</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>APR 8, 1952</u> | | |
| 5. SEX <u>FEMALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | 8. DATE OF BIRTH <u>JUNE 8, 1875</u> | 9. AGE (In years last birthday) <u>75</u> | 10. IF UNDER 1 YEAR Months <u>10</u> Days <u>0</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u> | 11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |

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|---|--|--|--|---|--|
| 13a. FATHER'S NAME <u>HENRY POWERS</u> | | 13b. MOTHER'S MAIDEN NAME <u>MARY E. BRYAN</u> | | 14. NAME OF HUSBAND OR WIFE <u>HERSHEL O. ROBBINS</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> | | 16. SOCIAL SECURITY NO. <u>✓</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>HERSHEL O. ROBBINS, STOUTSVILLE, 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, ashenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>5 Days</u> |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ | | |
| | DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>331X</u> | 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) |
| 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? |

22. I hereby certify that I attended the deceased from April 5, 1952 to 4-8, 1952, that I last saw the deceased alive on 4-8, 1952, and that death occurred at 3:02 P. m., from the causes and on the date stated above.

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|---|--|--|---|--------------------------------|--|
| 23a. SIGNATURE <u>M.D. Speed & Blakey</u> (Degree or title) | | 23b. ADDRESS <u>PARIS, MO.</u> | | 23c. DATE SIGNED <u>4-9-52</u> | |
| 24a. BURIAL, CREMATION REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>4-10-52</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>WALNUT GROVE</u> | 24d. LOCATION (City, town, or county) (State) <u>PARIS, MO.</u> | | |
| DATE REC'D BY LOCAL REG. <u>4-9-52</u> | REGISTRAR'S SIGNATURE <u>D. Q. Barnett, M.D.</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Speed & Blakey</u> | | ADDRESS <u>PARIS, MISSOURI</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

1690
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *E. H. Agnew*

Licensed Embalmer No. 4000

P. O. Address PARIS, MISSOURI

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.