

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28480

State File No. 389

FILED SEP 10 1952

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>389</u>		
1. PLACE OF DEATH a. COUNTY <u>Jasper</u> 04953				2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u> 0495		d. STREET ADDRESS (If rural, give location) <u>2310 E. 4th St.</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>D.O.A. St. Johns Hosp.</u>								
3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u>			b. (Middle) <u>W.</u>		c. (Last) <u>Thalin</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8-31-1952</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 30, 1900</u>		9. AGE (In years last birthday) <u>52</u>	10. UNDER 1 YEAR Month _____ Day _____	11. UNDER 1 MRS. Hour _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work comprising most of working life, even if retired) <u>Book Keeper</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Book Keeping</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Boston Mass.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>August Thalin</u>			13b. MOTHER'S MAIDEN NAME <u>Bonnie Know</u>		14. NAME OF HUSBAND OR WIFE <u>Nellie Thalin</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>Yes World War I</u>		16. SOCIAL SECURITY NO. <u>013-09-9018</u>		17. INDEFORMANT'S SIGNATURE OR NAME <u>Nellie Thalin</u>		ADDRESS <u>Joplin Mo.</u>		
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>15 Minutes</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>				DUE TO (b) <u>Arteriosclerosis</u>				
ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>				DUE TO (c) _____				
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				Unknown				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</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 <u>8-31</u> , 19 <u>52</u> , to <u>8-31</u> , 1952, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>3:00 a.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>[Signature]</u>				23b. ADDRESS <u>321 Frisco Bldg., Joplin, Mo.</u>		23c. DATE SIGNED <u>9-4-52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>9-3-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Robb Memorial</u>		24d. LOCATION (City, town, or county) (State) <u>Joplin Mo.</u>		
DATE REC'D BY LOCAL REG. <u>9-6-52</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>[Signature] - Sellen Mort Joplin Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 9-9-52
Jasper County Health Office

County File Number 52/9/715

Date Filed 9-9-52

SEP 13 1952
DEC 7 1952

SEP 11 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed W. B. Woodruff

Licensed Embalmer No. 4770

P. O. Address Joplin, 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.