

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **42619**
U3V123K
Registrar's No. **543**

BIRTH NO. 27673		REG. DIST. NO. 156		PRIMARY REG. DIST. NO. 2001		Registrar's No. 543		
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Newton				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin		c. LENGTH OF STAY (In this place) 5 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Neosho		d. STREET ADDRESS (If rural, give location) 115 South Ripley Street		
d. FULL NAME OF HOSPITAL OR INSTITUTION Freeman Hospital								
3. NAME OF DECEASED (Type or Print) a. (First) Jama			b. (Middle) Ann		c. (Last) Robbins		4. DATE OF DEATH (Month) (Day) (Year) Dec 5, 1952	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Child		8. DATE OF BIRTH June 19, 1952	9. AGE (In years last birthday) 0	# UNDER 1 YEAR Months 5 Days 26	# UNDER 24 HRS. Hours Mins. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child		10b. KIND OF BUSINESS OR INDUSTRY Child		11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? U		
13a. FATHER'S NAME Jesse S. Robbins			13b. MOTHER'S MAIDEN NAME Juanita Baker		14. NAME OF HUSBAND OR WIFE Child			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS J. S. Robbins - Neosho, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Agenesis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) None DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 6-19-52	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 7531					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) (Min.)		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 11-3, 1952 to 12-5, 1952 , that I last saw the deceased alive on 12-4, 1952 , and that death occurred at 9:20 AM , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) [Signature]				23b. ADDRESS M. D. 321 Frisco Bldg., Joplin, Mo.		23c. DATE SIGNED 12-9-52		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-7-1952		24c. NAME OF CEMETERY OR CREMATORY Cedar Creek		24d. LOCATION (City, town, or county) (State) Route #2 Neosho, Mo.		
DATE REC'D BY LOCAL REG. 12-11-52		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Clark-Bigham Mortuary, Neosho, Mo.				

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 12-15-52
Jasper County Health Office

County File Number 52/12/975

Date Filed 12-15-52

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. E. Hudson

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.