

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37998

State File No.

FILED OCT 30 1953

BIRTH NO. REG. DIST. NO. 328 PRIMARY REG. DIST. NO. 3073 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Scott	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chaffee		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chaffee 1001	
c. LENGTH OF STAY (In this place) 42 yrs		d. STREET ADDRESS (If rural, give location) 207 Elliott Ave	
d. FULL NAME OF HOSPITAL OR INSTITUTION At Home			

3. NAME OF DECEASED (Type or Print)	a. (First) Nora	b. (Middle) Belle	c. (Last) Robbins	4. DATE OF DEATH (Month) (Day) (Year) Oct. 18, 1953
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5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 10, 1899	9. AGE (In years last birthday) 74 if UNDER 1 YEAR Months 4 if UNDER 12 HRS Days 8
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife	10b. KIND OF BUSINESS OR INDUSTRY ✓	11. BIRTHPLACE (State or foreign country) Near Ramsey Ill	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Pharis Arnold	13b. MOTHER'S MAIDEN NAME Mary Martin	14. NAME OF HUSBAND OR WIFE James E Robbins
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ✓	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME J E Robbins ADDRESS 207 Elliott Ave Chaffee
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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.	18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Heart Failure		1 mo.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cholecystitis		1 mo.
	DUE TO (c) Cholelithiasis		5 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Thrombocytopenia			2 wks.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 584X	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 **9-9-1953**, to **10-18, 1953**, that I last saw the deceased alive on **10-28**, 1953, and that death occurred at **1:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE H. A. Schumey (Degree or title) D.O.	23b. ADDRESS Chaffee, Missouri	23c. DATE SIGNED 10-19-53
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24a. BURIAL, CREMATION REMOVAL (Specify) Burial	24b. DATE 10/21/53	24c. NAME OF CEMETERY OR CREMATORY Memorial Park	24d. LOCATION (City, town, or county) (State) Cape Co Mo
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DATE REC'D BY LOCAL REG. 10-20-53	REGISTRAR'S SIGNATURE Mrs A Bursling	445	25. FUNERAL DIRECTOR'S SIGNATURE Bisplingheft Funeral Home ADDRESS Chaffee Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 10.24.53
SCOTT COUNTY HEALTH CENTER
CO. FILE NO. 1053-238

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

Jack J. Burnett

Licensed Embalmer No. 4473

P. O. Address *Chaffee, 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.