

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7149

FILED MAR 29 1955

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>2</u>		PRIMARY REG. DIST. NO. <u>4809</u>		Registrar's No. <u>28</u>				
1. PLACE OF DEATH a. COUNTY <u>Andrew</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>Andrew</u>						
b. CITY (If outside corporate limits, write RURAL and give township) <u>SAVANNAH</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>SAVANNAH</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>601 W MAIN</u>				STREET ADDRESS (If rural, give location) <u>601 W main</u> 0029						
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX				
a. (First) <u>DAISY</u>	b. (Middle) <u>Ethel</u>	c. (Last) <u>Robins</u>	(Month) <u>3</u>	(Day) <u>19</u>	(Year) <u>1955</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>			
8. DATE OF BIRTH <u>8-8-1876</u>		9. AGE (In years last birthday) <u>78</u>		IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>County School Superintendent</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Montgomery CO MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>H. T. Robins</u>			13b. MOTHER'S MAIDEN NAME <u>MARGARET McALISTER</u>		14. NAME OF HUSBAND OR WIFE					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Olin Robins SAVANNAH MO</u>						
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Left Heart</u> *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. ANTECEDENT CAUSES Morbid 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.				(b) <u>Coronary Left Heart</u> (c) _____			<u>10 yrs.</u>			
				19. DATE OF OPERATION <u>Aug 1945</u>			19b. MAJOR FINDINGS OF OPERATION <u>Coronary Left Heart, 170x</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)		21f. HOW DID INJURY OCCUR?
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"/>								
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>9:20p. m.</u> , from the causes and on the date stated above.										
23a. SIGNATURE <u>J. Ryan M.D.</u>				23b. ADDRESS <u>St Joseph MO</u>		23c. DATE SIGNED <u>3.27.55</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3-22-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Princeton</u>		24d. LOCATION (City, town, or county) (State) <u>Princeton MO</u>					
DATE REC'D BY LOCAL REG. <u>3-27-55</u>		REGISTRAR'S SIGNATURE <u>J. Ryan</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Breit Funeral Home SAVANNAH MO</u>						

(Licensed Embalmer's Statement on Reverse Side)

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

300
48
0

AUG 6 1958

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.....
Signature of Student Embalmer

Signed *E. C. Breit*.....

Licensed Embalmer No *265*

P. O. Address *Jacobs*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.