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FILED MAY 18 1955

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **15205**

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 200 Registrar's No. 411

1. PLACE OF DEATH
a. COUNTY **Greene**

2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission)
a. STATE **Missouri** b. COUNTY **Greene**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Springfield**

c. CITY OR TOWN **Springfield**

d. Is Residence within limits of a city or incorporated town?
Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **1031 College**

f. STREET ADDRESS (If rural, give location)
1031 College

03460

3. NAME OF DECEASED
a. (First) **GEORGE** b. (Middle) **TURNER** c. (Last) **ROBBINS**

4. DATE OF DEATH (Month) (Day) (Year)
May 7, 1955

5. SEX **Male**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH
18 Dec. 1879

9. AGE (In years last birthday) Months Days
75

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Photo Engraver

10b. KIND OF BUSINESS OR INDUSTRY
Retired

11. BIRTHPLACE (City and State or Foreign Country)
Illinois

12. CITIZEN OF WHAT COUNTRY?
USA

13a. FATHER'S NAME
James Robbins

13b. MOTHER'S MAIDEN NAME
Sarah Turner

14. NAME OF HUSBAND OR WIFE
Deceased

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.
491-24-2915

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
George L. Robbins Sacramento, Calif.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Probable Coronary Occlusion**
INTERVAL BETWEEN ONSET AND DEATH
Inst.
*This does not mean the mode of dying, such as heart failure, asthenia, 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.
Unattended by a Physician

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES NO

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)
4201

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

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 **2:30P** m., from the causes and on the date stated above.

23a. SIGNATURE
Loath Williamson
Local Registrar of Vital Statistics

23b. ADDRESS
Springfield Mo.

23c. DATE SIGNED
5-9-55

24a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24b. DATE
5-10-55

24c. NAME OF CEMETERY OR CREMATORY
Greenlawn Cemetery

24d. LOCATION (City, town, or county) (State)
Springfield, Missouri

DATE REC'D BY LOCAL REG. **5-9-55** REGISTRAR'S SIGNATURE
Loath Williamson

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
W. Klingner **Springfield, Mo.**

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

Licensed Embalmer No. 70

P. O. Address..... Spring

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.