

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43126

FILED DEC 29 1955

4479 State File No. 4479

BIRTH NO. _____		REG. DIST. NO. <u>325</u>		PRIMARY REG. DIST. NO. <u>4479</u>		Registrar's No. <u>34</u>	
1. PLACE OF DEATH a. COUNTY <u>Schuyler</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Schuyler</u>			
b. CITY OR TOWN <u>Queen City</u>		c. LENGTH OF STAY (in this place) <u>11 yrs</u>		c. CITY OR TOWN <u>Queen City</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>at home in Queen City</u>				STREET ADDRESS (If rural, give location) <u>Queen City</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Georgia</u>		b. (Middle) <u>Milton</u>		c. (Last) <u>Robbins</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 15, 1955</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan. 2, 1879</u>	
9. AGE (In years last birthday) <u>76</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Near, Glenwood, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>John Robbins</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Wellman</u>		14. NAME OF HUSBAND OR WIFE <u>ROBBINS Bessie Vittetoe</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Bessie Robbins, Queen City, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardial Failure</u> DUE TO (c) <u>Adenocarcinoma of Sigmoid</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> <u>2 weeks</u> <u>4 years</u> <u>10 yrs.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		153X		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>8/23</u> <u>1950</u> , to <u>12/15</u> , 1955, that I last saw the deceased alive on <u>12/15</u> , 1955, and that death occurred at <u>7:30 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or Title) <u>Edward M. Roberts, M.D.</u>				23b. ADDRESS <u>Queen City, Mo.</u>		23c. DATE SIGNED <u>12/17/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/18/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Queen City,</u>		24d. LOCATION (City, town, or county) (State) <u>Queen City, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Dec 20 55</u>		REGISTRAR'S SIGNATURE <u>Mrs. R. J. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul M. Riley</u>		ADDRESS <u>Kirkville, Mo.</u>	

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

DEC 30 1955
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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 *George W. Davolt*.....

Licensed Embalmer No. 479

P. O. Address Kingsville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.