

FILED JAN 14 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40829

BIRTH NO.		REG. DIST. NO. 53	PRIMARY REG. DIST. NO. 3010	Registrar's No. 82
1. PLACE OF DEATH a. COUNTY Cape, Girardeau,		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). --a. STATE Mo, b. COUNTY Bollinger		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau	c. LENGTH OF STAY (In this place) 2 days	c. CITY OR TOWN Cape, Girardeau,	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Southeast Hospital		e. STREET ADDRESS (If rural, give location) Star Route, Box 11, 0091		
3. NAME OF DECEASED (Type or Print) a. (First) Warren		b. (Middle) J	c. (Last) Robins,	
4. DATE OF DEATH (Month) (Day) (Year) Dec, 30 56,				
5. SEX Male,	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar, 18th 1927	9. AGE (In years last birthday) 29
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY Timber Hauler	11. BIRTHPLACE (City and State or Foreign Country) Mo	12. CITIZEN OF WHAT COUNTRY? U S A,
13a. FATHER'S NAME Josh W Robins		13b. MOTHER'S MAIDEN NAME Thompson,		14. NAME OF HUSBAND OR WIFE Lou, Robins
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. 499-26-3818	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Josh Robins Grassy, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Severe Cerebral Arteriosclerosis</u> 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.		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		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) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 209		
22. I hereby certify that I attended the deceased from Dec. 28, 1956, to Dec. 30, 1956, that I last saw the deceased alive on Dec. 30, 1956, and that death occurred at 3:45 p.m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>Robin P. Kester M.D.</u>		23b. ADDRESS <u>939 Broadway Cape Girardeau, Mo</u>		23c. DATE SIGNED <u>Jan 5-57</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan, 2nd 57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Baker Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Near Lutesville, Mo,</u>	
DATE REC'D BY LOCAL REG. <u>1-9-57</u>	REGISTRAR'S SIGNATURE <u>C. G. Summers</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Baker Funeral Home, Lutesville,</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

44-0

APR 23 1951

AUG 2 9 1962

JAN 1 1957

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 *T. E. Graham*.....

Licensed Embalmer No. *4010*.....

P. O. Address *Lutesville*.....

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.