RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

59-032046

STATE FILE NUMBER

FILED VS OCT 5 1959

Registration District No. 28 Primary Registration District No. 2000 Registrar's No. 1021

NDED

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield — Length of stay in 1b
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 945 N. Grant Avenue — Inside Limits Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Greene
c. CITY OR TOWN Springfield — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 945 N. Grant Avenue — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First FLORA Middle A. Last ROBBINS

4. DATE OF DEATH Month September Day 27, Year 1959

5. SEX Female

6. COLOR OR RACE White

7. Married [ ] Never Married [ ] Widowed [X] Divorced [ ]

8. DATE OF BIRTH 8/11/1875

9. AGE (last birthday) 84 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY Dress Shop

11. BIRTHPLACE (City and state or country) Harvard, Illinois

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME William Price

13b. MOTHER'S MAIDEN NAME Alice M. Anderson

14. NAME OF HUSBAND OR WIFE Everette Robbins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. 358-16-9596

17. INFORMANT Floyd Ruthroff, Address 2112 N. Johnston, Springfield, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) medullary failure
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) circulatory failure
DUE TO (c) Probable Ca of liver
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from May 1957, to July 1958 and last saw her alive on July 14, 1958
Death occurred at 3:40 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Paul L. Needham D.O.

22b. ADDRESS 1355 East Sunshine

22c. DATE SIGNED 9/28/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 29Sept.1959

23c. NAME OF CEMETERY OR CREMATORY Beverly Cemetery

23d. LOCATION (City, town, or county) (State) Blue Island, Illinois

24. FUNERAL DIRECTOR ADDRESS Ralph Thieme, 1200 Boonville Ave., Springfield, Missouri

25. DATE RECD. BY LOCAL REG. 10-2-59

26. REGISTRAR'S SIGNATURE Effie G. Melton

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

OCT 6 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Ralph H Thiem

Licensed Embalmer No. 3681

P. O. Address Springfield

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