URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–038837
STATE FILE NUMBER

FILED VS NOV 20 1959 Registration District No. 10 Primary Registration District No. 4021 Registrar's No. 224

MENDED

1. PLACE OF DEATH
a. COUNTY: Audrain
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Laddonia — Length of stay in 1b: 3 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: At Home — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Audrain
c. CITY OR TOWN: Laddonia — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 5 miles NW of Laddonia — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Isaiah Middle: R. Last: Robbins
4. DATE OF DEATH: Month: November Day: 11 Year: 1959
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 7-18-1882
9. AGE (last birthday): 77 — 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): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and state or country): Austin, Indiana
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Harmon Robbins
13b. MOTHER'S MAIDEN NAME: Phoeba Hulse
14. NAME OF HUSBAND OR WIFE: Luponda Robbins
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Luponda Robbins Address: Laddonia, 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): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Angina - First attack 4-5-56
DUE TO (c): Generalized Arterio-sclerosis - Coronary — 4-5-56
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 ☒
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 4-5-56 to 11-11-59 and last saw her/him alive on 8-24-59
Death occurred at 11-11-59 4 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Harry F O'Brien M.D.
22b. ADDRESS: 111 E. Monroe St - Mexico Mo
22c. DATE SIGNED: 11-16-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 11-13-1959
23c. NAME OF CEMETERY OR CREMATORY: Memorial Gardens
23d. LOCATION (City, town, or county) (State): Vandalia, Missouri

24. FUNERAL DIRECTOR: Wilkey & Bienhoff Funeral Home ADDRESS: Laddonia, Mo.
25. DATE RECD. BY LOCAL REG.: Nov 12 1959
26. REGISTRAR'S SIGNATURE: Blanche Neely

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Clyde C. wilse

Signature of Student Embalmer

Licensed Embalmer No. 3826

P. O. Address Perry, Ma

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