MRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JUL 12 1960

-60-025524
STATE FILE NUMBER

Registration District No. 391 Primary Registration District No. 6153 Registrar's No. 18

1. PLACE OF DEATH
a. COUNTY Stoddard
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural-Pike Twp. Length of stay in 1b 19 years
c. FULL NAME OF (If NOT in hospital) give location) HOSPITAL OR INSTITUTION Near Advance Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Stoddard
c. CITY OR TOWN Rural Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Near Advance Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Julius Middle F Last Robins
4. DATE OF DEATH Month June Day 29 Year 1960
5. SEX M.
6. COLOR OR RACE W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH Aug. 6, 1877
9. AGE (last birthday) 82
IF UNDER 1 YEAR Months 10 Days 23 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
11. BIRTHPLACE (City and state or country) Bollinger Co. Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Monroe Robins
13b. MOTHER'S MAIDEN NAME Rachel Rhodes
14. NAME OF HUSBAND OR WIFE Loretta Robins
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 Luther Robins Address Painton, 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) Shock. — INTERVAL BETWEEN ONSET AND DEATH 2 Hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Coronary thrombosis — 6 Hours
DUE TO (c) Arteriosclerosis — Years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Previous cerebral thrombosis
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 6-29-60 to 6-29-60 and last saw ~~her~~ him alive on 6-29-60
Death occurred at 10:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. Masters (Degree or title) D.O.
22b. ADDRESS Advance Mo
22c. DATE SIGNED 7-2-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 7-2-1960
23c. NAME OF CEMETERY OR CREMATORY Glen Allen Cem.
23d. LOCATION (City, town, or county) (State) Glen Allen Mo.
24. FUNERAL DIRECTOR Baker Funeral Home ADDRESS Lutesville, Mo.
25. DATE RECD BY LOCAL REG. 7/5/60
26. REGISTRAR'S SIGNATURE Bernice Moore

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

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_____ Signed T. E. Graham

Signature of Student Embalmer

Licensed Embalmer No. 4010

P. O. Address Lutesville,

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