MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JAN 24 1961

-61-000811
STATE FILE NUMBER

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 9

WRITE STUB — AMENDED

TYPEWRITER RIBBON — AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — DATE AMENDED — SHOULD READ — INSTEAD OF — ITEM NO. — BY AFFIDAVIT OF — DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Dunklin
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kennett
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Dunklin Co. Memorial
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Dunklin
c. CITY OR TOWN: Kennett
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 905 Carey
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Pansy Middle: Last: Robbins
4. DATE OF DEATH: Month Jan. Day 7 Year 1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 5-17-1911
9. AGE (last birthday): 49
IF UNDER 1 YEAR: Months 7 Days 20
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (City and state or country): Dunklin Co. Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: James Smith
13b. MOTHER'S MAIDEN NAME: Cora Parks
14. NAME OF HUSBAND OR WIFE: Ernest 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: Ernest Robbins, Address: Kennett, 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): Pyelonephritis, Acute c̄ Uremia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Carcinoma of bladder c̄ Cystectomy
DUE TO (c): 12 years ago-
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 ☒
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 _____, to _____ and last saw her/him alive on _____
Death occurred at approximately 3:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: George A. Simmons M.D. (Degree or title)
22b. ADDRESS: Kennett Mo
22c. DATE SIGNED: 1/11/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 1-9-1961
23c. NAME OF CEMETERY OR CREMATORY: Dunklin Memorial Gardens
23d. LOCATION (City, town, or county) (State): Kennett Missouri

24. FUNERAL DIRECTOR: McDaniel Funeral Ser. ADDRESS: Kennett, Mo.
25. DATE RECD. BY LOCAL REG.: 1-16-1961
26. REGISTRAR'S SIGNATURE: Earl Hudson

(Licensed Embalmer's Statement on Reverse Side)

Co. File No. 161-27

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 Tommy L. McCarty

Licensed Embalmer No. 4886

P. O. Address Kennett, Mo.

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.