

FILED MAY 14 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12775**
Registrar's No. **1661**

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY OR TOWN Kansas City (If outside corporate limits, write RURAL and give township)		c. CITY OR TOWN Blue Springs (If outside corporate limits, write RURAL and give township) Purdoy	
c. LENGTH OF STAY (In this place) 1 day		d. STREET ADDRESS (If rural, give location) 3 1/2 mi South West	
d. FULL NAME OF HOSPITAL OR INSTITUTION Research Hospital			

3. NAME OF DECEASED (Type or Print) William	a. (First)	b. (Middle) a	c. (Last) Robbins	4. DATE OF DEATH (Month) (Day) (Year) April - 15 - 1951
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 15 1898	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months 1 Days 16	IF UNDER 1 HRS. Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farm Tenant	11. BIRTHPLACE (State or foreign country) Monroe Co Mo	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME James W Robbins	13b. MOTHER'S MAIDEN NAME Clara Gregory	14. NAME OF HUSBAND OR WIFE Alma Robbins
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Glenn Robbins	ADDRESS 2514 Sales St. E Mo
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 30 min
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic coronary art. dia DUE TO (c) 		
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Multiple intestinal adhesions 10 yrs			

19a. DATE OF OPERATION 4 15 51	19b. MAJOR FINDINGS OF OPERATION multiple abdominal adhesions	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **7 18, 1950**, to **4 15, 1951**, that I last saw the deceased alive on **4 15, 1951**, and that death occurred at **3:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Jack M. Davis (Degree or title) M.D.	23b. ADDRESS Raytown Mo	23c. DATE SIGNED 4 16 51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 18 1951	24c. NAME OF CEMETERY OR CREMATORY Centralia Cem	24d. LOCATION (City, town, or county) (State) Centralia Mo
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DATE REC'D BY LOCAL REG. 4-16-51	REGISTRAR'S SIGNATURE Sheraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE Webb Funeral Home	ADDRESS Blue Springs Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

000000 1-A-2000

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed RB Witt

Signed.....
Student Embalmer

Licensed Embalmer No. 2353

P. O. Address Blue Springs

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 this body is not embalmed, fact should be so stated above.