

STANDARD CERTIFICATE OF DEATH

State File No. **7673**

27415-53

FILED MAR 24 1954

BIRTH NO.		REG. DIST. NO. 13	PRIMARY REG. DIST. NO. 3003	Registrar's No. 21	
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY Barry		a. STATE Missouri b. COUNTY Barry 0050			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Monett		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (McDonald) Twp. 0			
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Vincents					
3. NAME OF DECEASED		4. DATE OF DEATH		(Month) (Day) (Year)	
a. (First) JANIE		b. (Middle) MARIE		c. (Last) ROBBINS	
(Type or Print)		3-11-1954			
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married 0	8. DATE OF BIRTH 5-12-1953	9. AGE (In years last birthday) 0	10. IF UNDER 1 YEAR (Months) 9 (Days) 29
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) child		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Monett, Missouri 0	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Ray Robbins		13b. MOTHER'S MAIDEN NAME Louise Alcock	
13c. NAME OF HUSBAND OR WIFE none		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 Ray Robbins, Verona, Missouri		18. CAUSE OF DEATH		19. INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Infectious Mononucleosis		2 wks	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)			
		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. Cerebral		77 hrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 Mar 10, 1954 , to Mar 11, 1954 , that I last saw the deceased alive on Mar 11, 1954 and that death occurred at 5:30 a.m. , from the causes and on the date stated above.					
23a. SIGNATURE Robert P. Boyle M.D.		23b. ADDRESS Monett, Mo		23c. DATE SIGNED Mar 15, 54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-12-1954		24c. NAME OF CEMETERY OR CREMATORY Corinth Cemetery	
24d. LOCATION (City, town, or county) (State) Barry County, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE J. E. Culver		ADDRESS Cassville	
DATE REC'D BY LOCAL REG. 3-18-54		REGISTRAR'S SIGNATURE Katherine Henderson			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0.300
0.4851
0

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
Student Embalmer

Signed Margaret C. Herbert

Licensed Embalmer No. 4389

P. O. Address Cassville

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.