

FILED JUL 27 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23351**  
Registrar's No. **330**

No. 300  
10-48

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

BIRTH NO. _____		REG. DIST. NO. <b>156</b>		PRIMARY REG. DIST. NO. <b>2001</b>		Registrar's No. <b>330</b>	
1. PLACE OF DEATH a. COUNTY <b>JASPER</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JASPER</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>JOPLIN</b>		c. LENGTH OF STAY (in this place) <b>16 DAYS</b>		c. CITY OR TOWN <b>JOPLIN</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. JOHN'S HOSPITAL</b>				e. STREET ADDRESS (If rural, give location) <b>2302 HARLEM AVE. 0490</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>MABLE</b>		b. (Middle) _____		c. (Last) <b>ROBBINS</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>JULY 14, 1954</b>	
5. SEX <b>F</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>		8. DATE OF BIRTH <b>OCT. 7, 1872</b>	
9. AGE (In years last birthday) <b>81</b>		IF UNDER 1 YEAR Days _____		IF UNDER 1 HRS. Hours _____		IF UNDER 15 MIN. Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>HOMEMAKING</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>TEXAS COUNTY, MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>WILLIAM COOPER</b>			13b. MOTHER'S MAIDEN NAME <b>MARY JACKSON</b>			14. NAME OF HUSBAND OR WIFE <b>UNK</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>MRS. FRED JAMES, 2302 HARLEM AVE.</b>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Myocarditis</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Senility</i> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>4 wks.</b>	
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) <b>4222</b>			
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 <b>June 16, 1954</b> to <b>July 14, 1954</b> , that I last saw the deceased alive on <b>July 14, 1954</b> , and that death occurred at <b>3:10</b> p.m., from the causes and on the date stated above.							
23a. SIGNATURE <i>[Signature]</i> (Degree or title) _____				23b. ADDRESS _____		23c. DATE SIGNED <b>7-16-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>7-16-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>FOREST PARK CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>JOPLIN, MISSOURI</b>	
DATE REC'D BY LOCAL REG. <b>7-20-54</b>		REGISTRAR'S SIGNATURE <i>[Signature]</i> <b>138</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>STEVE PARKER MORTUARY, JOPLIN, MO.</b>			

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JUL 26 195  
Jasper County Health Office  
County File Number 54-7-5  
Date Filed JUL 26 195

-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 F. M. Jones  
Licensed Embalmer No. 236

P. O. Address Joplin

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.