

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035967
STATE FILE NUMBER

63121-51
FILED OCT 23 1958 Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 158

300
1-57

Dr. Zimmerman
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

1. PLACE OF DEATH a. COUNTY Dunklin			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Dunklin b. COUNTY Mo.		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ind.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Kennett,		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Dunklin Co. Memorial lday		Length of stay in lb	STREET ADDRESS 1354 Route 3 (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Darline Gail Robins			4. DATE OF DEATH Month Day Year Oct 11, 1958		
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 13, 1958	9. AGE (In years last birthday) F UNDER 1 YEAR IF UNDER 24 HRS. Months 28 Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done throughout of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Kennett, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Edward Robins		13b. MOTHER'S MAIDEN NAME Anna Marie King		14. NAME OF HUSBAND OR WIFE Infant	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT Address Edward Robins Kennett, Missouri		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute Gastro enteritis					INTERVAL BETWEEN ONSET AND DEATH 1 wk.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 5710					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 10 oct 58 , to 11 oct 58 and last saw ^{her} _{him} alive on 11 oct 58 Death occurred at 3:00 h m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Joe A. Zimmerman, M.D.			22b. ADDRESS Kennett, Missouri		22c. DATE SIGNED 10-13-58
23a. BURIAL CREMATION, REMOVAL Burial		23b. DATE Oct 12, 1958	23c. NAME OF CEMETERY OR CREMATORY Oak Ridge		23d. LOCATION (City, town, or county) (State) Kennett, Missouri
24. FUNERAL DIRECTOR ADDRESS McDaniel Kennett, Missouri			25. DATE RECD. BY LOCAL REG. 10-13-1958	26. REGISTRAR'S SIGNATURE Carl Husband	

DEPARTMENT
COUNTY FILE NUMBER 1055-255

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 *Julius B. Baird*

Licensed Embalmer No. *4888*
P. O. Address *Fennett, 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.