

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-029536

FILED VS. AUG 29 1960

10

Primary Registration District No. 3002

Registrar's No. 196

STATE FILE NUMBER

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Audrain		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico		a. STATE Mo.		b. COUNTY Audrain	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Audrain Hospital		Length of stay in 1b 9 hrs.		c. CITY OR TOWN Ladonia		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS Audrain Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First Luponda		Middle May		Last Robbins		Month Day Year 8-19-1960	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-4-1888	9. AGE (last birthday) 71	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Hull, Illinois		12. CITIZEN OF WHAT COUNTRY U S A	
13a. FATHER'S NAME Robert Robbins King			13b. MOTHER'S MAIDEN NAME Phorpe		14. NAME OF HUSBAND OR WIFE Isaac Robbins		
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. 499-42-4637		17. INFORMANT Address Mrs. Ester Fisher Vandalia, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH 8-18-60	
IMMEDIATE CAUSE (a)		Acc to Coronary Thrombosis					
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Probable Coronary Sclerosis					
DUE TO (c)							
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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) None.				
20c. TIME OF INJURY Hour <input type="checkbox"/> Day <input checked="" type="checkbox"/> p.m. <input type="checkbox"/>		Month, Day, Year					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) S		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from 8-19-60 to 8-19-60 and last saw her/him alive on 8-19-60				Death occurred at 8-19-60 5:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Harry F. O'Brien M.D.			22b. ADDRESS 111 E. Main St - Mena Mo			22c. DATE SIGNED 8/21/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8-21-1960	23c. NAME OF CEMETERY OR CREMATORY Memorial Garden		23d. LOCATION (City, town, or county) Vandalia, Mo.		(State)
24. FUNERAL DIRECTOR Wilkey & Bienhoff			ADDRESS Ladonia, Mo.		25. DATE RECD. BY LOCAL REG. Aug 21-1960		26. REGISTRAR'S SIGNATURE Blanche Neely

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Alfred W. W. W.

Licensed Embalmer No. 3820

P. O. Address Perry

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.