

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-045295

STATE FILE NUMBER

AMENDED

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 616

FILED JAN 2 1962

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Joplin		Length of stay in 1b 50 yrs	c. CITY OR TOWN Joplin
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Joplin General Hospital		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2007 Annie Baxter
3. NAME OF DECEASED (Type or print) First Middle Last Mattie E. Robbins			4. DATE OF DEATH Month Day Year December 23, 1961
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 3-23-89
9. AGE (last birthday) 72		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) housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Jasper, Missouri
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Fountain Brown Dunning	
13b. MOTHER'S MAIDEN NAME Clenna O'Dell Rhea		14. NAME OF HUSBAND OR WIFE Grover Cleveland 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. Unk	17. INFORMANT Dau- Address Mrs. Norris R. Kent, No. Tonawanda, N.Y.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Embolus			INTERVAL BETWEEN ONSET AND DEATH 2 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 6 exposure to cold			8 hrs.
DUE TO (c) Infection of Hemerus and Clavus			8 hrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Anterior salmonis - myocardial degeneration			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 checked="" 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.) Fell at home on rug - land on floor.	
20c. TIME OF INJURY Hour Month, Day, Year 9 a.m. 12-23-61	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.) Infection of Right Clavus and Hemerus - Exposure	20f. CITY, TOWN, OR LOCATION Joplin	COUNTY Missouri	STATE Missouri
21. I attended the deceased from 12-23-61 to 12-23-61 and last saw her/him alive on 12-23-61 Death occurred at 9:30 P. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Wilney Lawson D.D.		(Degree or title)	22b. ADDRESS Joplin Mo.
22c. DATE SIGNED 12-26-61			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Dec. 27, 1961	23c. NAME OF CEMETERY OR CREMATORY Ozark Memorial Park	23d. LOCATION (City, town, or county) (State) Joplin, Missouri
24. FUNERAL DIRECTOR Steve Parker Mortuary,	ADDRESS 1502 Joplin St.	25. DATE RECD. BY LOCAL REG. 12-27-1961	26. REGISTRAR'S SIGNATURE Dove Merriam

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. 2319

P. O. Address Joplin 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.