

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 160 Primary Registration District No. 559V Registrar's No. 0002174

STATE FILE NUMBER

FILED FEB 4 1965

VS 300
Rev. 4/59

1 0500
2 0941
3
4 0
5 1
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7 0
8 2
9 X
10
11 056
12 1293-3
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>ST FRANCOIS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Festus, Mo</u>		Length of stay in lb <u>D.O.A.</u>	c. CITY OR TOWN <u>BONNE TERRE</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Jeff. Memorial Hospital</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>314 N. ALLEN ST.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>Harold Lynn Robbs</u>			4. DATE OF DEATH Month Day Year <u>1-22-65</u>		
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9-20-32</u>	9. AGE (last birthday) <u>32</u>	IF UNDER 1 YEAR Months Days Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ELECTRICIAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AIR CRAFT</u>		11. BIRTHPLACE (City and state or country) <u>Rt #1, Bonne Terre, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>		13a. FATHER'S NAME <u>Roscoe Robbs</u>		13b. MOTHER'S MAIDEN NAME <u>WILMA WALLER</u>	
14. NAME OF HUSBAND OR WIFE <u>MARJORIE BUNCH Robbs</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES Korean - 1951-1955</u>		17. INFORMANT <u>MARJORIE Robbs, 314 N. ALLEN ST. MO</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Multiple fractures of Chest

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)

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input checked="" 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.) <u>Auto - Truck Accident</u>	
20c. TIME OF INJURY Hour a.m. p.m. <u>1-22-65</u>		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.) <u>Highway</u>	
20f. CITY, TOWN, OR LOCATION <u>Platin Twp</u>		COUNTY <u>Jeff.</u>		STATE <u>Mo.</u>	
21. I attended the deceased from <u>Coroner's View</u> and last saw her/him alive on _____ Death occurred at <u>2:00 A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>James C. Johnson M.D. Coroner</u>			22b. ADDRESS <u>Festus Mo.</u>		22c. DATE SIGNED <u>1-22-65</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>JAN 25, 1965</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ST FRANCOIS MEM. PK</u>		23d. LOCATION (City, town, or county) (State) <u>BONNE TERRE, MO</u>
24. FUNERAL DIRECTOR <u>C. Z. Boyer & Son</u>		ADDRESS <u>BONNE TERRE, MO</u>		25. DATE RECD. BY LOCAL REG. <u>1-26-65</u>	26. REGISTRAR'S SIGNATURE <u>James C. Johnson</u>

USE BLACK INK OR TYPEWRITER RIBBON

FEB 11 1965

FEB 8 1965

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 Burke T. Boyer, Jr

Licensed Embalmer No. 5117

P. O. Address Bone Town, 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.