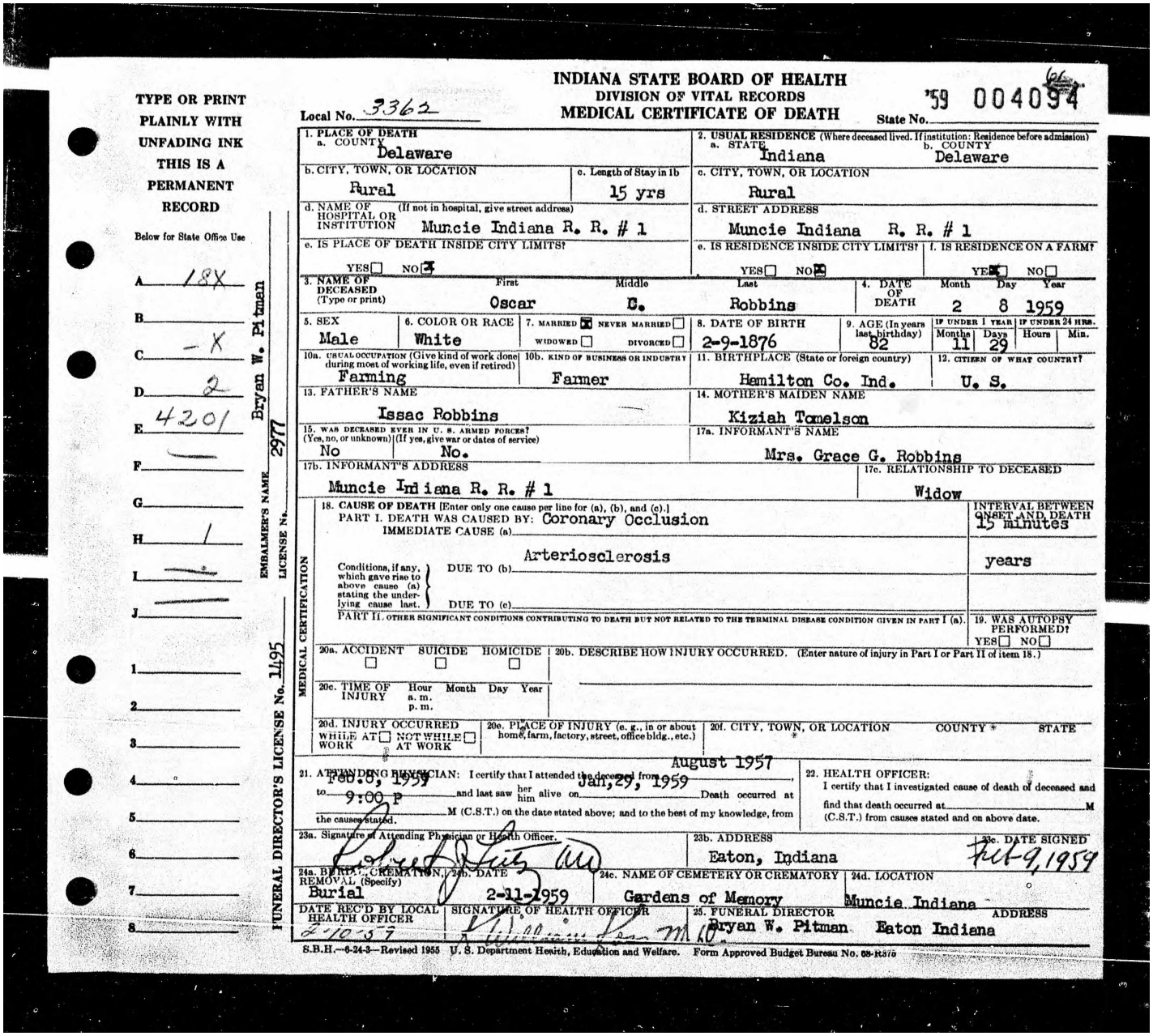

TYPE OR PRINT PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

Below for State Office Use

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FUNERAL DIRECTOR'S LICENSE No. 1495 EMBALMER'S NAME Bryan W. Pitman LICENSE No. 2977

INDIANA STATE BOARD OF HEALTH
DIVISION OF VITAL RECORDS
MEDICAL CERTIFICATE OF DEATH

Local No. 3362 '59 004094 State No.

1. PLACE OF DEATH
a. COUNTY: Delaware
b. CITY, TOWN, OR LOCATION: Rural
c. Length of Stay in 1b: 15 yrs
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Muncie Indiana R. R. # 1
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES ☐ NO ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Indiana b. COUNTY: Delaware
c. CITY, TOWN, OR LOCATION: Rural
d. STREET ADDRESS: Muncie Indiana R. R. # 1
e. IS RESIDENCE INSIDE CITY LIMITS? YES ☐ NO ☒ f. IS RESIDENCE ON A FARM? YES ☒ NO ☐

3. NAME OF DECEASED (Type or print): First Oscar Middle C. Last Robbins
4. DATE OF DEATH: Month 2 Day 8 Year 1959
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 2-9-1876
9. AGE (In years last birthday): 82
IF UNDER 1 YEAR: Months 11 Days 29 IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Farmer
11. BIRTHPLACE (State or foreign country): Hamilton Co. Ind.
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME: Issac Robbins
14. MOTHER'S MAIDEN NAME: Kiziah Tomelson
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No.
17a. INFORMANT'S NAME: Mrs. Grace G. Robbins
17b. INFORMANT'S ADDRESS: Muncie Indiana R. R. # 1
17c. RELATIONSHIP TO DECEASED: Widow

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 15 minutes
Conditions, if any, which gave rise to above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis — years
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a).
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY: Hour a. m. p. m. Month Day Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. ATTENDING PHYSICIAN: I certify that I attended the deceased from August 1957 to Feb. 8, 1959, and last saw her/him alive on Jan. 29, 1959. Death occurred at 9:00 P M (C.S.T.) on the date stated above; and to the best of my knowledge, from the causes stated.
22. HEALTH OFFICER: I certify that I investigated cause of death of deceased and find that death occurred at ____ M (C.S.T.) from causes stated and on above date.

23a. Signature of Attending Physician or Health Officer: Robert D. Fitz MD
23b. ADDRESS: Eaton, Indiana
23c. DATE SIGNED: Feb 9, 1959

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-11-1959
24c. NAME OF CEMETERY OR CREMATORY: Gardens of Memory
24d. LOCATION: Muncie Indiana

DATE REC'D BY LOCAL HEALTH OFFICER: 2-10-59
SIGNATURE OF HEALTH OFFICER: [signature]
25. FUNERAL DIRECTOR: Bryan W. Pitman ADDRESS: Eaton Indiana

S.B.H.—6-24-3—Revised 1955 U. S. Department Health, Education and Welfare. Form Approved Budget Bureau No. 68-R378