

FILED FEB 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4314**

BIRTH NO. _____		REG. DIST. NO. <u>73</u>		PRIMARY REG. DIST. NO. <u>3014</u>		Registrar's No. <u>4</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>Clay</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Liberty R1</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Clay</u>	
c. LENGTH OF STAY (If in this place) <u>28 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Liberty R1</u>		d. STREET ADDRESS (If rural, give location) <u>Liberty R1</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Liberty R1</u>				d. STREET ADDRESS (If rural, give location) <u>Liberty R1</u>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)				
a. (First) <u>JOHN</u>		b. (Middle) <u>R.</u>		c. (Last) <u>ROBEY</u>		Date: <u>Feb. 12-1949</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED/ WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Apr. 17-1896</u>	9. AGE (In years last birthday) <u>52</u>	10. UNDER 1 YEAR <u>9</u> Months	11. UNDER 1 DAY <u>25</u> Hours	12. UNDER 1 MIN. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Highway Worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Play Co.</u>		11. BIRTHPLACE (State or foreign country) <u>Rich Hill Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Joseph Robey</u>		13b. MOTHER'S MAIDEN NAME <u>Bernice Coates</u>		14. NAME OF HUSBAND OR WIFE <u>Zua Robey</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Zua Robey</u> ADDRESS <u>Liberty R1</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>9 MONTHS</u>			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.							
ANTECEDENT CAUSES							
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.							
DUE TO (b) _____							
DUE TO (c) _____							
II. OTHER SIGNIFICANT CONDITIONS							
Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>4/20!</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>July</u> , 19 <u>49</u> , to <u>Jan</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Feb. 12</u> , 19 <u>49</u> , and that death occurred at <u>2:20</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>James S. Willoughby M.D.</u>				23b. ADDRESS <u>114 N. Water Liberty Mo</u>		23c. DATE SIGNED <u>FEB-12-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 12-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Central Hill</u>		24d. LOCATION (City, town, or county) (State) <u>K.C. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Feb. 14, 1949</u>		REGISTRAR'S SIGNATURE <u>Minnie Haynes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>S Church - Archer</u>		ADDRESS <u>Liberty Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 2-24-49

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
Student Embalmer

Signed John Leonard

Licensed Embalmer No. 4448

P. O. Address Liberty 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 this body is not embalmed, fact should be so stated above.