

FILED SEP 13 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27274

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 167 PRIMARY REG. DIST. NO. 4256 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Holden</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Holden</u>	
c. LENGTH OF STAY (in this place) <u>38 yr</u>		d. STREET ADDRESS (If rural, give location) <u>700 Lexington St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>700 Lexington St.</u>		d. STREET ADDRESS (If rural, give location) <u>700 Lexington St.</u>	
3. NAME OF DECEASED a. (First) <u>THEODORE</u> (Type or Print)		b. (Middle) <u>HUFF</u>	
c. (Last) <u>ROBB</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 30 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>Oct 23 1870</u>
9. AGE (In years last birthday) <u>78</u>		10. UNDER 1 YEAR Months <u>10</u> Days _____	11. UNDER 2 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cemetery Sexton</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>same</u>	
11. BIRTHPLACE (State or foreign country) <u>Philadelphia, Penn.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William H. Robb</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ann Knight</u>	
14. NAME OF HUSBAND OR WIFE <u>Lillian R. Robb</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> <u>XXXX</u>		16. SOCIAL SECURITY NO. <u>497-12-5531</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Lillian R. Robb, Holden, Missouri</u>		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute pulmonary edema</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>auricular fibrillation</u> DUE TO (c) <u>Hypertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4331</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 27, 1949</u> to <u>Aug 30, 1949</u> , that I last saw the deceased alive on <u>Aug 30, 1949</u> and that death occurred at <u>2 a</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Paul Lovell M.D.</u>		23b. ADDRESS <u>Holden Mo</u>	
23c. DATE SIGNED <u>9/3/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Sept 1 1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Holden Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Holden, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Sept 3, 1949</u>		REGISTRAR'S SIGNATURE <u>Mrs. B. V. Redford</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Canaday and Ropp</u>		ADDRESS <u>Holden, Missouri</u>	

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

5100

JUL 23 1953

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 Lewis Canaday

Licensed Embalmer No. 34/34

P. O. Address Holden N.H.

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.