

FILED MAY 18 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17456BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 247 PRIMARY REG. DIST. NO. 4366 Registrar's No. 22

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Newton</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Mo.</u> b. COUNTY <u>Newton</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>Granby</u> |  | c. CITY (If outside corporate limits, write RURAL and give township)<br><u>Newtonia</u>   |  |
| c. LENGTH OF STAY (In this place)<br><u>Weeks</u>                                     |  | d. STREET ADDRESS (If rural, give location)<br><u>0</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>Community Hosp</u>                      |  |   |  |

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>CLARENCE</u> b. (Middle) <u>KINNEY</u> c. (Last) <u>Robb</u>     |  |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>5-10-1951</u> |   |  |
| 5. SEX<br><u>Male</u>   |  | 6. COLOR OR RACE<br><u>White</u>             |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Divorced</u> |  |
| 8. DATE OF BIRTH<br><u>9-10-1883</u>  |  | 9. AGE (In years last birthday) <u>68</u>    |  | 10. IF UNDER 1 YEAR<br>Months <u>3</u> Days _____                         |  |
| 11. BIRTHPLACE (State or foreign country)<br><u>Wilson Sta. Kans</u>  |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A</u> |  |   |  |
| 13a. FATHER'S NAME<br><u>James W. Robb</u>  |  | 13b. MOTHER'S MAIDEN NAME<br><u>Alvelda</u>  |  | 14. NAME OF HUSBAND OR WIFE<br><u>Andrew Mrs Ruth Brunk</u>               |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u> |  | 16. SOCIAL SECURITY NO.<br><u>0225</u>       |  | 17. INFORMANT'S SIGNATURE OR NAME<br><u>Boyd W. Robb</u>                  |  |
|   |  |  |  | ADDRESS<br><u>5801 Outlook Mission</u>                                    |  |

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio-renal-hypertensive disease</u>                                      |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>048-6M.</u> |  |
|  |  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____ |  |  |  |
|  |  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.                           |  |  |  |

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 19a. DATE OF OPERATION                                |  | 19b. MAJOR FINDINGS OF OPERATION<br><u>442 X</u>   |  | 20. AUTOPSY?<br>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) (Min) |  | 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 Nov 3, 1950, to May 10, 1951, that I last saw the deceased alive on May 10, 1951, and that death occurred at 5:15 m., from the causes and on the date stated above.

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 23a. SIGNATURE<br><u>Charles O. Chester</u>                       |  | 23b. ADDRESS<br><u>Granby, Mo.</u>                           |  | 23c. DATE SIGNED<br><u>5-11-51</u>                           |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>        |  | 24b. DATE<br><u>5-11-51</u>                                  |  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Granby Memorial</u> |  |
| 24d. LOCATION (City, town, or county) (State)<br><u>Granby Mo</u> |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>Culver - Shewmake</u> |  | ADDRESS<br><u>Granby Mo</u>                                  |  |
| DATE REC'D BY LOCAL REG.<br><u>MAY 12 1951</u>                    |  | REGISTRAR'S SIGNATURE<br><u>M. L. Young</u>                  |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>Culver - Shewmake</u> |  |

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48730  
0

15  
**RECEIVED**

District Health Officer No. Newton Co. HA  
District File Number 551-128  
Date Filed 5/15/51

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**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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed G. E. Culver

Signed.....  
Student Embalmer

Licensed Embalmer No. 3584

P. O. Address Cassville, 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.