

FILED MAY 19 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16112**

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 469

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| 1. PLACE OF DEATH a. COUNTY <u>Greene</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1441 South Street</u> | | d. STREET ADDRESS (If rural, give location) <u>1441 South St.</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>MARION</u> | b. (Middle) <u>L.</u> | c. (Last) <u>ROBB</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>May 11, 52</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>Aug. 15, 1899</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Frisco R.R. Employee</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>RAILROAD</u> | 9. AGE (In years last birthday) <u>52</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. _____ |
| 11a. BIRTHPLACE (State or foreign country) <u>Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |

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| 13a. FATHER'S NAME <u>Lee Robb</u> | 13b. MOTHER'S MAIDEN NAME <u>Osie Lynn</u> | 14. NAME OF HUSBAND OR WIFE <u>Grace 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> | 16. SOCIAL SECURITY NO. <u>Unknown</u> | 17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mrs. Grace Robb 1441 South St. Springfield, Mo</u> |

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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i> | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Probably Coronary Vascular Disease</u> | | |
| | 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 | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

UNATTENDED BY A PHYSICIAN
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| 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 _____, to _____, and that death occurred at 4:30 a.m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>James R. Amos, M.D.</u> | 23b. ADDRESS <u>Greene County Court House Springfield, Missouri</u> | 23c. DATE SIGNED <u>5/13/52</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>5-13-52</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>GREENLAWN CEME.</u> | 24d. LOCATION (City, town, or county) (State) <u>SPRINGFIELD, MO.</u> |
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| DATE REC'D BY LOCAL REG. <u>5-12-52</u> | REGISTRAR'S SIGNATURE <u>James R. Amos, M.D.</u> | 25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>J.W. Klingner & Co. Springfield Mo</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Max Rhodes

Licensed Embalmer No. 40711

P. O. Address Springfield

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.