

FILED AUG 8 1952

STANDARD CERTIFICATE OF DEATH

State File No. 23774

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3001 Registrar's No. 357

0124

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

| | | | |
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| 1. PLACE OF DEATH a. COUNTY Butler | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Butler | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff, Mo. | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Poplar Bluff Hosp. | | d. STREET ADDRESS (If rural, give location) 822 Pine St. | |

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| 3. NAME OF DECEASED a. (First) Mary b. (Middle) Robbs c. (Last) Moore | | | 4. DATE OF DEATH (Month) July (Day) 18 (Year) 1952 | |
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|---|-------------------------------|---|---------------------------------------|--|---|---|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH Aug. 22, 1873 | 9. AGE (In years last birthday) 78 | IF UNDER 1 YEAR Months 10 Days 26 | IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) Sparta, Tenn. | | 12. CITIZEN OF WHAT COUNTRY? U.S. |

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|-----------------------------------|---|--|
| 13a. FATHER'S NAME Unknown | 13b. MOTHER'S MAIDEN NAME Marge Sliger | 14. NAME OF HUSBAND OR WIFE R. Robbs, Denny Moore, Dec. |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. _____ | 17. INFORMANT'S SIGNATURE OR NAME Raymond Robbs ADDRESS Poplar Bluff, Mo. |
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| 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 | | INTERVAL BETWEEN ONSET AND DEATH 7-10-52 |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Berger's disease | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Myocarditis | | | |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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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) _____ |
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|---|---|---------------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR _____ |
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22. I hereby certify that I attended the deceased from **7-4**, 19**52**, to **7-18**, 19**52**, that I last saw the deceased alive on **7-18**, 19**52**, and that death occurred at **2:45 P.m.**, from the causes and on the date stated above.

| | | |
|---|---------------------------------------|---------------------------------|
| 23a. SIGNATURE Wm. H. Johnson M.D. (Degree or title) | 23b. ADDRESS Poplar Bluff, Mo. | 23c. DATE SIGNED 7-22-52 |
|---|---------------------------------------|---------------------------------|

| | | | |
|---|--------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 7-20-52 | 24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cem. | 24d. LOCATION (City, town, or county) (State) Poplar Bluff, Mo. |
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| DATE REC'D BY LOCAL REG. 7-28-52 | REGISTRAR'S SIGNATURE Wm. H. Johnson | 25. FUNERAL DIRECTOR'S SIGNATURE Frank-Cotrell ADDRESS Poplar Bluff, Mo. |
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RECEIVED
AUG 6 1952

BUTLER CO. HEALTH CENTER

FILE No. 852-394

APR 1 1953

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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 Wallace R Knight

Licensed Embalmer No. 4514

P. O. Address 412 Vine

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.

Poplar Bluff