

8-25-52

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28260

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3629

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>KANSAS</u> b. COUNTY <u>JOHNSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>OVERLAND PARK</u>	
c. LENGTH OF STAY (in this place) <u>1 WEEK</u>		d. STREET ADDRESS (If rural, give location) <u>7116 WEST-69TH STREET</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. MARY'S HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>HARRY</u> b. (Middle) _____ c. (Last) <u>ROBB SR.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>AUGUST-11-1952</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-18-1894</u>		9. AGE (In years last birthday) <u>60</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>GOLF PROFESSIONAL</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>MOUNTROSE, SCOTLAND</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OVERLAND PARK, MO.</u>	

13a. FATHER'S NAME <u>JOHN ROBB</u>		13b. MOTHER'S MAIDEN NAME <u>JANE (UNKNOWN)</u>		14. NAME OF HUSBAND OR WIFE <u>MRS. JEANNIE ROBB</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u> (If yes, give war or dates of service) <u>WORLDWARI</u>		16. SOCIAL SECURITY NO. <u>409-1042149</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>HARRY ROBB JR. 6700 SANTA FE DRIVE OVERLAND PARK, KAN.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Thrombosis</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Sudden</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, 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.		<u>3 weeks</u>	
		DUE TO (b) <u>Thrombosis of coronary arteries</u>		<u>5 yrs</u>	
		DUE TO (c) <u>Marked diffuse Coronary Sclerosis</u>		<u>4201</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" 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 8-3, 1952 to 8-11, 1952, that I last saw the deceased alive on 8-11, 1952 and that death occurred at 11:55 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>P. J. O'Connell</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>327 Ogden Bldg K.E. Mo</u>		23c. DATE SIGNED <u>8/13-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Aug-14-1952</u>		24b. DATE <u>Aug-14-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>D.W. NEWCOMER'S SONS</u>	
24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>		24e. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Newcomer's Sons</u>		24f. ADDRESS <u>1331 BRUSH CREEK KANSAS CITY, MO.</u>	
25a. REGISTRATION BY LOCAL REG. <u>8-14-52</u>		25b. REGISTRAR'S SIGNATURE <u>Heraldine Holmes</u>		25c. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Newcomer's Sons</u>	

(Licensed Embalmers' Statements on Reverse Side)

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

Completed

13-3311

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 *Albert L. Savage*

Licensed Embalmer No. *4812*

P. O. Address *Kansas City, 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.