

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42408**
5097

FILED DEC. 20 1952

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

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission) a. STATE Missouri b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
c. LENGTH OF STAY (In this place) 60 yrs.		d. STREET ADDRESS (If rural, give location) 3619 VIRGINIA 3538	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3619 VIRGINIA		e. STREET ADDRESS 3619 VIRGINIA 3530	

3. NAME OF DECEASED (Type or Print) a. (First) DORA b. (Middle) NANNIE c. (Last) ROBB			4. DATE OF DEATH (Month) (Day) (Year) Nov 19-1952		
5. SEX FEMALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH OCT. 26-1893	9. AGE (In years last birthday) 79	10. UNDER 1 YEAR Days -
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY AT HOME	11. BIRTHPLACE (City and State or Foreign Country) OSWEGO, KANSAS		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME THURMAN GARRISON		13b. MOTHER'S MAIDEN NAME MARY JANE		14. NAME OF HUSBAND OR WIFE FRANK A. ROBB	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 495-10-3395		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MARY M. ROBB 3619 VIRGINIA K.C. MO.	

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial failure ANTECEDENT CAUSES Morbid conditions, (if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary occlusion DUE TO (c) Cerebral apoplexy II. OTHER SIGNIFICANT CONDITIONS Senile cholelithiasis Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 4 1/2	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 7 - Lethargic			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) (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 **July 1952** to **Nov 19 1952**, that I last saw the deceased alive on **Nov 19, 1952**, and that death occurred at **12:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE James E. Griffin (Print name and title) James E. Griffin M.D.		23b. ADDRESS DO 3833 Paseo K.C. Mo.		23c. DATE SIGNED 11/21/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Nov. 22-1952		24c. NAME OF CEMETERY OR CREMATORY Edwood Cemetery Kansas City, Mo.	
24d. LOCATION (City, town, or county) (State) KANSAS CITY, MO.		25. FUNERAL DIRECTOR'S SIGNATURE C.H. Blackman		25. FUNERAL DIRECTOR'S ADDRESS San Jose	
DATE REC'D BY LOCAL REG. 11-21-52		REGISTRAR'S SIGNATURE Geraldine Smith		25. FUNERAL DIRECTOR'S ADDRESS K.C. Mo.	

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 W.C. Binn

Licensed Embalmer No. 4879

P. O. Address Hansen 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.