

STANDARD CERTIFICATE OF DEATH

State File No. **1869**

FILED FEB 11 1953

BIRTH NO. _____ REG. DIST. NO. **156** PRIMARY REG. DIST. NO. **2001** Registrar's No. **66**

0495
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1809 GRAND		d. STREET ADDRESS (If rural, give location) 1809 GRAND	

3. NAME OF DECEASED (Type or Print) a. (First) SIMON b. (Middle) M. c. (Last) ROBY			4. DATE OF DEATH (Month) (Day) (Year) JAN 29, 1953			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH FEB 18, 1861	9. AGE (In years last birthday) 91	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED SALESMAN		10b. KIND OF BUSINESS OR INDUSTRY CANDY		11. BIRTHPLACE (State or foreign country) KENTON, OHIO		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME JOSEPH ROBY	13b. MOTHER'S MAIDEN NAME UNK	14. NAME OF HUSBAND OR WIFE ---
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. UNK	17. INFORMANT'S SIGNATURE OR NAME ADDRESS WILL ROBY, 1624 BYERS, JOPLIN

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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar Pneumonia		INTERVAL BETWEEN ONSET AND DEATH
	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 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 **Jan 27, 1953**, to **Jan 29, 1953**, that I last saw the deceased alive on **Jan 27, 1953**, and that death occurred at _____ from the causes and on the date stated above.

23a. SIGNATURE E. E. Carter M.D.	(Degree or title)	23b. ADDRESS Joplin Mo	23c. DATE SIGNED 2-2-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 1-31-53	24c. NAME OF CEMETERY OR CREMATORY MT. HOPE	24d. LOCATION (City, town, or county) (State) WEBB CITY, MISSOURI
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DATE REC'D BY LOCAL REG. 2-4-53	REGISTRAR'S SIGNATURE W. J. B. [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STEVE PARKER MORTUARY, JOPLIN, MO.
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RECEIVED 2-9-57
Jasper County Health Office

County File Number 134
Date Filed 2/9

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.....
Student Embalmer

Signed F. M. Jones
Licensed Embalmer No. 2319

P. O. Address Joplin 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.