

STANDARD CERTIFICATE OF DEATH

State File No. **199**

No. 300
10.48

FILED JAN 15 1957

BIRTH NO. _____ REG. DIST. NO. **30** PRIMARY REG. DIST. NO. **2104** Registrar's No. **4**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
a. COUNTY Benton-Township		a. STATE MISSOURI b. COUNTY BENTON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warsaw Rural		c. CITY OR TOWN WARSAW	
c. LENGTH OF STAY (in this place) Wife		Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) 1 1/2 mile South	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Michael	b. (Middle) Richard	c. (Last) ROBB	Jan 8 1957		

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH July 10, 1871	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months 5 Days 28	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY Farm owner	11. BIRTHPLACE (City and State or Foreign Country) Pettis Co, Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Christopher Robb	13b. MOTHER'S MAIDEN NAME Abalone Wedell	14. NAME OF HUSBAND OR WIFE Julia Robb
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give year or date of service) no	17. INFORMANT'S SIGNATURE OR NAME Julia Robb	ADDRESS Warsaw, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 Wks 2 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gastric Carcinoma		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. with loss of food General malignancy		
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? 2 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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 1914, 19—, to Jan 8, 1957 that I last saw the deceased alive on Jan 8, 1957 and that death occurred at 1:15 A.M., from the causes and on the date stated above.

23. SIGNATURE (Degree or title) James Logan M.D.	23b. ADDRESS Warsaw Mo	23c. DATE SIGNED Jan 8 1957
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan 10, 1957	24c. NAME OF CEMETERY OR CREMATORY Riverside Cemetery	24d. LOCATION (City, town, or cemetery) (State) Warsaw Benton Co, Mo
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DATE REC'D BY LOCAL REG. Jan 8 - 1957	REGISTRAR'S SIGNATURE Geo. H. Logan	25. FUNERAL DIRECTOR'S SIGNATURE John F. Kiser	ADDRESS Warsaw
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(Licensed/Embalmer's Statement on Reverse Side)

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

230

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.....
Signature of Student Embalmer

Signed.....
John J. Reese

Licensed Embalmer No...4090.....

P. O. Address...Warsaw.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.