Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JAN 27 1958

2168

STATE FILE NUMBER

Registration District No. 231 Primary Registration District No. 3048 Registrar's No. 88

1. PLACE OF DEATH
a. COUNTY Nodoway
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Maryville — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St Francis Hosp — Length of stay in 1b 2 days.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Iowa b. COUNTY
c. CITY OR TOWN Garden Grove — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 8140 — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Julia Middle J. Last Robey

4. DATE OF DEATH Month 1 Day 20 Year 58

5. SEX Fe 1
6. COLOR OR RACE W
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH 12-21-1878
9. AGE (In years last birthday) 79 — 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) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) 9
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME James J. Juhl
13b. MOTHER'S MAIDEN NAME Mary Jacobsen
14. NAME OF HUSBAND ~~OR WIFE~~ Wm. Robey

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. ✓
17. INFORMANT Mr Wm. Robey Address Garden Grove Iowa

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) unknown.
DUE TO (c) 4200
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes mellitus with recent acidosis

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ 0

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1-18-58, to 1-20-58 and last saw her/him alive on 1-19-58
Death occurred at 4 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Albert L. Carlin M.D. 0
22b. ADDRESS Stanberry, Mo.
22c. DATE SIGNED 1-21-58

23a. BURIAL, ~~CREMATION~~, ~~REMOVAL (Specify)~~
23b. DATE 1/23/57
23c. NAME OF CEMETERY OR CREMATORY Garden Grove Iowa
23d. LOCATION (City, town, or county) Garden Grove (State) Iowa

24. FUNERAL DIRECTOR ADDRESS Phillips Montvary
25. DATE RECD. BY LOCAL REG. 1 20 58
26. REGISTRAR'S SIGNATURE Bess Holt

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 Joseph F. Phillips

Licensed Embalmer No. 1898

P. O. Address Strathmere

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.