

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-031597  
STATE FILE NUMBER

FILED SEP 29 1958

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 300

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Adair</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Adair</b>	
b. CITY OR TOWN <b>Kirkville</b>		c. CITY OR TOWN <b>Novinger</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Prin Smith Hospital</b>		d. STREET ADDRESS <b>Novinger</b>	

3. NAME OF DECEASED (Type or print) <b>Irene M. Robb</b>			4. DATE OF DEATH <b>Sept. 22, 1958</b>		
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5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Mar. 31, 1889</b>	9. AGE (In years (birth day)) <b>69</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Home</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (City and state or country) <b>Wakanda South Dakota</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
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13a. FATHER'S NAME <b>Nicholas Mart</b>	13b. MOTHER'S MAIDEN NAME <b>Margaret Flynn</b>	14. NAME OF HUSBAND OR WIFE <b>Frederick Eugene Robb</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, <del>unknown</del> ) (If yes, give year or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Johnson Robb, Kirksville, Mo.</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>24 hours</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Arterial Hypertension</b> DUE TO (c) <b>331X</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour .Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from <b>9-21-58</b> , to <b>9-22-58</b> and last saw her alive on <b>9-22-58</b> Death occurred at <b>2:05 P.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.	22a. SIGNATURE <i>[Signature]</i> (Degree or title)	22b. ADDRESS <b>Kirkville, Mo.</b>	22c. DATE SIGNED <b>9-23-58</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>9/24/58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Novinger Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Novinger, Mo.</b>
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24. FUNERAL DIRECTOR <i>[Signature]</i> ADDRESS <b>Kirkville, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>9-25-1958</b>	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Kenneth E. Hayes* .....

Licensed Embalmer No. *4890* .....  
P. O. Address *Keokuk, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.