

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-036769

STATE FILE NUMBER

FILED OCT 29 1958

Registration District No. 150 Primary Registration District No. 5572 Registrar's No. 232

S. 300
1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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, give TOWNSHIP only) OR TOWN Rural - Prairie		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Rural - Prairie 7000
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Persel Road		Length of stay in lb 18 yrs	d. STREET ADDRESS (If outside, give location) Persel Road
3. NAME OF DECEASED (Type or print) First Middle Last George Gordon Robb			4. DATE OF DEATH Month Day Year Oct. 25, 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 18, 1880
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer & Herdsman		10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and state or country) Aberdene, Scotland
13a. FATHER'S NAME John A. Robb		13b. MOTHER'S MAIDEN NAME Sarah Jane Johnson	14. NAME OF HUSBAND OR WIFE Agnes Robb
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. 495-24-7259	17. INFORMANT Address Agnes Robb, Lee's Summit, Missouri
18. CAUSE OF DEATH (Enter only one cause primary for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Atherosclerosis & hypertension DUE TO (c) 4301			INTERVAL BETWEEN ONSET AND DEATH 3 days 3 yrs.
PART II.. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.)	
20c. TIME OF INJURY Hour .Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE 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	
21. I attended the deceased from death occurred at 25 Oct 1958 2:50 PM and last saw him alive on 10 Oct 1958			
22a. SIGNATURE (Degree or title) Frank J. Langford M.D.		22b. ADDRESS 1102 Grand St. @ No 10-26-58	22c. DATE SIGNED 10/26/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10/28/1958	23c. NAME OF CEMETERY OR CREMATORY Lee's Summit	23d. LOCATION (City, town, or county) (State) Lee's Summit Mo.
24. FUNERAL DIRECTOR ADDRESS Langsford Funeral Home Lee's Summit Mo.		25. DATE RECD. BY LOCAL REG. 10/26/58	26. REGISTRAR'S SIGNATURE W.B. Langford

NOV 15 1960

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 *W. S. Langford*

Licensed Embalmer No. *3833*

P. O. Address *via ...*

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.