

FEDERAL BUREAU OF INVESTIGATION - DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

LED VS JUL 20 1960

-60-026344

STATE FILE NUMBER

Registration District No. 99 Primary Registration District No. _____ Registrar's No. 33

1. PLACE OF DEATH a. COUNTY DeKalb			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY DeKalb		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sherman Twp.		Length of stay in 1b 13 yrs	c. CITY OR TOWN Clarksdale		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rural DeKalb County		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Rural		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First BURR Middle NILE Last ROBB SR.			4. DATE OF DEATH Month July Day 11 Year 1960		
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 4/12/1891	9. AGE (last birthday) 69	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____ IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Street Railway		11. BIRTHPLACE (City and state or country) Decatur County, Iowa	
12. CITIZEN OF WHAT COUNTRY U S A		13a. FATHER'S NAME Ernest E. Robb		13b. MOTHER'S MAIDEN NAME Minnie F. Cochran	
14. NAME OF HUSBAND OR WIFE Mrs. Opal D. 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. 491-10-2471	
17. INFORMANT Mrs. Opal D. Robb		18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary fibrosis and emphysema DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 14 years.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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 _____ a.m. _____ p.m. Month, Day, Year _____					
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
21. I attended the deceased from May, 1946 to July, 1960 and last saw ^{Mr} him alive on 4 June 1960 Death occurred at 1:12 P m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Wilbur P. McDonald		22b. ADDRESS M. D. 301 N. 8th St., St. Joseph, Mo.		22c. DATE SIGNED 7/11/1960	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 7/13/1960	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		23d. LOCATION (City, town, or county) (State) St. Joseph, Missouri	
24. FUNERAL DIRECTOR Stoney Funeral Home		ADDRESS St. Joseph, Mo.		25. DATE RECD. BY LOCAL REG. 7-15-60	26. REGISTRAR'S SIGNATURE Kasler Davidson

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 21 1960

FFD 24 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 Charles E. Bennett

Licensed Embalmer No. 4677

P. O. Address St. Joseph

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.