

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 16348

FILED MAY 16 1951

1450  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. 140		PRIMARY REG. DIST. NO. 5544		Registrar's No. 42	
1. PLACE OF DEATH a. COUNTY Howard				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Howard			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural-Burton Twp. township) c. LENGTH OF STAY (If in this place) 21 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Burton Township 0450					
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION R. R. #1 Armstrong, Mo.				d. STREET ADDRESS (If rural, give location) R. R. #1 Armstrong			
3. NAME OF DECEASED (Type or Print) a. (First) Elbert		b. (Middle) Lee		c. (Last) Robb		4. DATE OF DEATH (Month) May (Day) 7, (Year) 1951	
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct. 3, 1892		9. AGE (In years) 58 (If under 1 year: Months 7, Days 4; If under 24 hrs: Hours 4, Mins. 0)	
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 (State or foreign country) Howard Co. Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Charles Thomas Robb		13b. MOTHER'S MAIDEN NAME Sarah Jane Nichols		14. NAME OF HUSBAND OR WIFE Susan Esther Sunderland			
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. None		17. INFORMANT'S SIGNATURE OR NAME Mrs Elbert Lee Robb Armstrong, MO ADDRESS			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1 hr	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) 4201			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 5-7, 1951, to 5-7, 1951, that I last saw the deceased alive on _____, 19____, and that death occurred at 10 A. m., from the causes and on the date stated above.							
23a. SIGNATURE W. Bloom M.D. (Degree or title)				23b. ADDRESS Fayette MO		23c. DATE SIGNED 5-9-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/9/51		24c. NAME OF CEMETERY OR CREMATORY Sharon Cemetery		24d. LOCATION (City, town, or county) (State) Howard County, Missouri	
DATE RECD BY LOCAL REG. 5-9-51		REGISTRAR'S SIGNATURE Mary K. Shell 436		25. FUNERAL DIRECTOR'S SIGNATURE Ralph A. Carr		ADDRESS Fayette, Mo	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 5-15-51

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 5-15-51

JUN 27 1951

**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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*Ralph A. Carr*

Signed.....

Student Embalmer

Licensed Embalmer No. 3340

P. O. Address Fayette 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 this body is not embalmed, fact should be so stated above.