

5. No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4403

935

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

FILED MAR 3 1952

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY <i>Franklin</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Franklin</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Kennett</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Kennett</i>	
c. LENGTH OF STAY (in this place) <i>40 yrs.</i>		d. STREET ADDRESS (If rural, also location) <i>208 E. Washington St.</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>208 E. Washington St.</i>		d. STREET ADDRESS (If rural, also location) <i>208 E. Washington St.</i>	
3. NAME OF DECEASED (Type or Print) <i>THEOPHILUS</i>		a. (First) _____ b. (Middle) _____ c. (Last) <i>ROBB, D.D.S.</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>Feb. 15, 1952</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Dec. 7, 1870</i>
9. AGE (In years last birthday) <i>81</i>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Dentist (Retired 1 yr.)</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Dentistry</i>	11. BIRTHPLACE (State or foreign country) <i>Ottawa, Kansas</i>
12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>		13a. FATHER'S NAME <i>Nichman Cobb</i>	
13b. MOTHER'S MAIDEN NAME <i>Euphrosia Mc Kee</i>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>none</i>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Mrs. Lillian Parkey - Kennett, Mo.</i>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Congestive heart failure</i> 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. <i>Age</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>4341</i>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____			
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 <i>Feb. 1, 1952</i> to <i>Feb. 15, 1952</i> that I last saw the deceased alive on <i>Feb. 14, 1952</i> and that death occurred at <i>8 A.M.</i> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>Paul Salmon M.D.</i>		23b. ADDRESS <i>Kennett, Mo.</i>	
23c. DATE SIGNED <i>2-19-52</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Feb. 17, 1952</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Oak Ridge Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Kennett, Missouri</i>	
DATE REC'D BY LOCAL REG. <i>2-23-52</i>		REGISTRAR'S SIGNATURE <i>Paul Salmon</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>Paul Salmon</i>		ADDRESS <i>Kennett, Mo.</i>	

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 2-25-52

COUNTY FILE NUMBER 252-60

JUL 14 1952

JUL 14 1952

JUL 14 1952

Handwritten mark

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
Student Embalmer

Signed Harold R. Davis

Licensed Embalmer No. 4636

P. O. Address Harold R. Davis

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.