

FILED NOV 24 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 43819

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 3051 Registrar's No. 111

1. PLACE OF DEATH a. COUNTY <b>Perry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Perry</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Perryville</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Perryville</b>	
c. LENGTH OF STAY (In this place) <b>4 Wks</b>		d. STREET ADDRESS (If rural, give location) <b>West South St</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Perryville Memorial Hosp</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Maude</b> b. (Middle) <b>Watkins</b> c. (Last) <b>Robb</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Nov 10 1953</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Jan. 4 1869</b>	9. AGE (In years last birthday) <b>84</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>79</b>	IF UNDER 1 HRS. Hours <b>0</b> Min. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Eddyville, Kentucky</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Thomas Watkins</b>	13b. MOTHER'S MAIDEN NAME <b>Cory Arnold</b>	14. NAME OF HUSBAND OR WIFE <b>Edward Robb</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Lucius Robb, Perryville Mo.</b>	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic heart disease</b>		INTERVAL BETWEEN ONSET AND DEATH <b>15-20 yrs</b>
	ANTECEDENT CAUSES <b>Cerebral Apoplexy</b>		
	DUE TO (b) <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>		
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <b>4200</b> YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **3-29-1946** to **11-10-1953**, that I last saw the deceased alive on **11-10-1953**, and that death occurred at **5:15 p.m.** from the causes and on the date stated above.

23a. SIGNATURE <b>Lucius Robb M.D.</b>	23b. ADDRESS <b>Perryville Mo</b>	23c. DATE SIGNED <b>11-12-53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Nov. 13, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Home Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Perryville Missouri</b>
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DATE REC'D BY LOCAL REG. <b>11-13-53</b>	REGISTRAR'S SIGNATURE <b>Joe J. Zellner 250-8</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Young &amp; Sons Perryville Mo</b>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

207a

**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.....  
Student Embalmer

Signed

*Hallace Young*

Licensed Embalmer No. *4027*

P. O. Address *Parryville 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.