

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11514**  
**1527**

FILED APR 20 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **399** PRIMARY REG. DIST. NO. **1002** Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH a. COUNTY <b>CLAY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>PLATTE</b>	
b. CITY (If outside corporate limits of city or town) <b>Winn Rd at Branson Rd</b> OR TOWN <b>Winn Rd at Branson Rd</b>		c. CITY OR TOWN <b>PARKVILLE</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If apt in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Winn Rd at Branson Rd</b>		e. STREET ADDRESS (If rural, give location) <b>ROUTE # 2</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>RICHARD</b> b. (Middle) <b>RAY</b> c. (Last) <b>ROBB</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>4 - 3 - 54</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>	8. DATE OF BIRTH <b>9-6-34</b>	9. AGE (In years last birthday) <b>19</b>	If UNDER 1 YEAR: Months _____ Days _____ If UNDER 1 HR.: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>TRUCK DRIVER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>QUARRY</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>NASHUA MO 0</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>

13a. FATHER'S NAME <b>Robt J. Robb</b>	13b. MOTHER'S MAIDEN NAME <b>Francis H. Hall</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>487-36-2895</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Robt J. Robb, R#2 Parkville</b>	ADDRESS <b>#2 Parkville</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Broken neck, crushed Rt chest</b>		DUPLICATE OF (b) <b>Car hit road, turned and over and.</b>		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUPLICATE OF (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? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, factory, store, street, office bldg., etc.) <b>Street</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Kansas City, north clay, mo.</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>4-3-54</b> m. _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>41 mercury turned over.</b>
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>O. S. Pate MD</b> (Degree or title)	23b. ADDRESS <b>North Kansas City, Mo.</b>	23c. DATE SIGNED <b>4/13/54</b>
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24a. BURIAL CREMATION (REMOVAL) (Specify) <b>BURIAL</b>	24b. DATE <b>4-5-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>BARRY CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>BARRY, MISSOURI</b>
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DATE REC'D BY LOCAL REG. <b>4-5-54</b>	REGISTRAR'S SIGNATURE <b>Seraldine Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>DW. NEWCOMER'S</b>	ADDRESS <b>No. KANSAS CITY, MO</b>
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no 4220

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 *John W. Kalsbeek*

Licensed Embalmer No. *49*  
P. O. Address *No. 7 Kent*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.