

FILED AUG 9 - 1954 THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25998

State File No. _____ Registrar's No. 71

BIRTH NO. _____ REG. DIST. NO. 352 PRIMARY REG. DIST. NO. 4574

| | | | |
|---|-------------------------------|---|--------------------------------------|
| 1. PLACE OF DEATH a. COUNTY <u>Taney</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Taney</u> | |
| b. CITY (If outside corporate limits write RURAL and give township) OR TOWN <u>Fanshew</u> | | c. LENGTH OF STAY (in this place) <u>years</u> | c. CITY OR TOWN <u>Fanshew</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home Fanshew</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>1060</u> | |
| 3. NAME OF DECEASED (Type or Print) <u>MARtha</u> | | a. (First) <u>Robb</u> | b. (Middle) |
| c. (Last) | | 4. DATE OF DEATH (Month) (Day) (Year) <u>July 17, 1954</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>Nov. 30 1868</u> |
| 9. AGE (In years last birthday) <u>85</u> | | 10. IF UNDER 1 YEAR (Days) (Hours) (Min.) <u>7 17</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>housekeeping</u> | |
| 11. BIRTHPLACE (City and State or Foreign Country) <u>Ark</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u> | |
| 13a. FATHER'S NAME <u>Robert Kissinger</u> | | 13b. MOTHER'S MAIDEN NAME <u>Louise Cook</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Jack Robb</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | |
| 16. SOCIAL SECURITY NO. <u>none</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Jack Robb</u> ADDRESS <u>Fanshew MO</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | | MEDICAL CERTIFICATION | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs</u> | |
| ANTECEDENT CAUSES (b) <u>Hypertension Essential</u> | | <u>10 yrs</u> | |
| Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. (c) <u>Generalized arteriosclerosis</u> | | <u>Unknown</u> | |
| 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 <u>4200</u> | |
| 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) | | | |
| 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 <u>April</u> , 19 <u>52</u> , to <u>July 02</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>7-17</u> , 19 <u>54</u> and that death occurred at _____ m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <u>W.C. Magnus, M.D.</u> | | 23b. ADDRESS <u>Branson, MO</u> | |
| 23c. DATE SIGNED <u>7/29/54</u> | | | |
| 24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>7/20/1954</u> | |
| 24c. NAME OF CEMETERY OR CREMATORY <u>Opick Memorial Park</u> | | 24d. LOCATION (City, town, or county) (State) <u>Branson MO</u> | |
| DATE REC'D BY LOCAL REG. <u>8-3-54</u> | | REGISTRAR'S SIGNATURE <u>S.E. Copson</u> 376 | |
| 25. FUNERAL DIRECTOR'S SIGNATURE <u>Fanshew Funeral Home</u> | | ADDRESS <u>Fanshew MO</u> | |

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

AUG 18 1964

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 *Walter S. Cook*.....

Licensed Embalmer No. 773

P. O. Address *Fairfax, Va*.....

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.