

FILED JAN 23 1956

STANDARD CERTIFICATE OF DEATH

5374

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 15

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

1. PLACE OF DEATH a. COUNTY <u>Gasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Gasper</u>	
b. CITY OR TOWN <u>Carthage Mo</u> (If outside corporate limits, write RURAL and give township) c. LENGTH OF STAY (In this place) <u>24 da</u>		c. CITY OR TOWN <u>Sarsopie</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McCune Hosp</u>		e. STREET ADDRESS (If rural, give location) <u>Mo 0490</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Claudine</u>	b. (Middle) <u>Robb</u>	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>1-17-1956</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u>	8. DATE OF BIRTH <u>7-12-1905</u>	9. AGE (In years last birthday) <u>50</u>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 1 MTH. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School Teacher</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Sarsopie Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Gasper T Shelton</u>	13b. MOTHER'S MAIDEN NAME <u>Rhoda Pultz</u>	14. NAME OF HUSBAND OR WIFE <u>Carl Robb</u>
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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) <u>✓</u>	16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Roy Shelton</u>	ADDRESS <u>Carthage Mo</u>
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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) <u>nephritis</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last.  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 <u>593x</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 7-1, 1949, to 1-17, 1956, that I last saw the deceased alive on 1-17, 1956 and that death occurred at 10:10 AM from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. T. Foster Whitten MD</u>	23b. ADDRESS <u>Carthage Mo</u>	23c. DATE SIGNED <u>1-18-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-19-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sarsopie</u>	24d. LOCATION (City, town, or county) (State) <u>Sarsopie Mo</u>
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DATE REC'D BY LOCAL REG. <u>1-20-56</u>	REGISTRAR'S SIGNATURE <u>Ely Clinton</u>	139- <u>0</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Jackson &amp; Sons</u>	ADDRESS <u>Sarsopie</u>
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4700

APR 10 1956

AUG 14 1956

MAY 8 1956

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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. *me* working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Wm K. Jackson*

Licensed Embalmer No. *39*

P. O. Address *Sarcoph*

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.