

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

57-017736  
 State File No.

FILED MAY 21 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 167 PRIMARY REG. DIST. NO. 4256 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Halden</u>		c. LENGTH OF STAY (in this place) <u>84 yrs</u>	c. CITY OR TOWN <u>Halden</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>Halden Hospital &amp; Clinic</u>		e. STREET ADDRESS (If rural, give location) <u>South Pine Street 2510</u>	
3. NAME OF DECEASED a. (First) <u>WILLIAM</u> b. (Middle) <u>A.</u> c. (Last) <u>ROBEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 13 1957</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug 27 1892</u>
9. AGE (In years last birthday) <u>84</u>		10. MONTHS <u>8</u>	11. DAYS <u>16</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Halden, Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Ben F. Robey</u>	
13b. MOTHER'S MAIDEN NAME <u>Ella Campbell</u>		14. NAME OF HUSBAND OR WIFE <u>Mellie Robey</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war & dates of service)		16. SOCIAL SECURITY NO. <u>no</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Frank Robey</u>		ADDRESS <u>Halden, Mo</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.			INTERVAL BETWEEN ONSET AND DEATH <u>minutes</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medullary Paralysis</u>			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Thrombotic Encephelomalacia with cerebral hemorrhage</u>			
DUE TO (c) <u>Arteriosclerosis</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</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) (Min)		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>March 27, 1957</u> , to <u>May 13, 1957</u> , that I last saw the deceased alive on <u>May 13, 1957</u> , and that death occurred at <u>9:20 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Thos P. Wescott D.O.</u>		23b. ADDRESS <u>Halden, Missouri</u>	
23c. DATE SIGNED <u>May 14, 1957</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 16, 1957</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Rock Springs Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Halden Mo</u>	
DATE REC'D BY LOCAL REG. <u>May 18, 1957</u>		REGISTRAR'S SIGNATURE <u>Mrs. G. O. Redford</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Canada &amp; Rapp</u>		ADDRESS <u>Halden, Mo.</u>	

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

150

OCT 24 1961

**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 *M. L. Canaday*.....  
Licensed Embalmer No. *3434*.....  
P. O. Address *Holden*.....

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.