

FILED OCT 28 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36371  
STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 479

S. 300 D  
1-57

1. PLACE OF DEATH a. COUNTY JASPER			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JASPER		
b. CITY (If outside corporate limits, give TOWNSHIP only) JOPLIN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN JOPLIN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR FREEMAN HOSPITAL INSTITUTION		Length of stay in 1b 24 YRS	d. STREET ADDRESS 1813 MOFFET AVE.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last JOHN HUGHEY ROBB			4. DATE OF DEATH Month Day Year OCT. 14, 1957		
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH NOV. 17, 1879		9. AGE (In years last birthday) 77
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TREASURER		10b. KIND OF BUSINESS OR INDUSTRY JASPER COUNTY, MO.	11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME MARQUIST T. ROBB		13b. MOTHER'S MAIDEN NAME SARAH HUMPHREYS		14. NAME OF HUSBAND OR WIFE IONA GRACE-ROBB	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. UNK	17. INFORMANT Address MRS. IONA GRACE ROBB, 1813 MOFFET AVE.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Anterior Myocardial Infarction</i>					INTERVAL BETWEEN ONSET AND DEATH <i>10/18/57</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Atherosclerosis</i>					<i>indefinite</i>
DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). <i>4201</i>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <i>10/18/57</i> to <i>10/14/57</i> and last saw him alive on <i>10/14/57</i> . Death occurred at <i>10:30</i> <i>A</i> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>A. K. Wheman M.D.</i> (Degree or title)			22b. ADDRESS <i>717 Finney Bldg Joplin Mo</i>		22c. DATE SIGNED <i>10/14/57</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE <i>10-16-57</i>	23c. NAME OF CEMETERY OR CREMATORY SARCOXIE CEMETERY;		23d. LOCATION (City, town, or county) (State) SARCOXIE, MISSOURI
24. FUNERAL DIRECTOR ADDRESS STEVE PARKER MORTUARY, JOPLIN, MO.			25. DATE RECD. BY LOCAL REG. <i>10-18-1957</i>	26. REGISTRAR'S SIGNATURE <i>Dove Merriam</i>	

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

RECEIVED OCT 25 1957

1958 County Health Office

License No. 1858

Date Filed OCT 25 1957

NOV 12 1957

OCT 28 1957

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 *F. M. Jones*

Licensed Embalmer No. *2319*

P. O. Address *Joplin, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.