

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-004754

FILED VS JAN 11 1960

Registration District No. 337 Primary Registration District No. _____ Registrar's No. 1 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Shelby				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Shelby				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Shelbyville Mo.		Length of stay in 1b 1 year		c. CITY OR TOWN Shelbyville, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Dodd Rest Home			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Shelbyville, Mo		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First John Middle Wessley Last Robb				4. DATE OF DEATH Month Jan Day 5 Year 1960				
5. SEX	6. COLOR OR RACE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Sept 5, 1869	9. AGE (last birthday) 90	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Drive			10b. KIND OF BUSINESS OR INDUSTRY retired		11. BIRTHPLACE (City and state or country) Monroe County		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME John B. Robb			13b. MOTHER'S MAIDEN NAME Mary E. Robb			14. NAME OF HUSBAND OR WIFE Ida 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. no		17. INFORMANT Address Mrs. Vincil Boyles, Shelbyville			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arterio Sclerosis							INTERVAL BETWEEN ONSET AND DEATH ?	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 _____ a.m. _____ p.m. Month, Day, Year _____								
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 Sept 4 1959 to Jan 5 1960 and last saw ^{him} him alive on Dec 31 1959 Death occurred at 1:20 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE P.C. Overholser M.D. (Degree or title)				22b. ADDRESS Shelbyville, Mo			22c. DATE SIGNED 1-6-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1-7-60	23c. NAME OF CEMETERY OR CREMATORY I.O.O.F.		23d. LOCATION (City, town, or county) Shelbyville, Mo		(State)	
24. FUNERAL DIRECTOR ADDRESS Greening Shelbyville, Mo.				25. DATE RECD. BY LOCAL REG. Jan. 11 1960		26. REGISTRAR'S SIGNATURE Thomas L Durdon		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Charles V. Steiner

Licensed Embalmer No. 462

P. O. Address Lawrence

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.