

FEDERAL BUREAU OF INVESTIGATION  
 FBI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-041247

FILED VS NOV 29 1960 389

STATE FILE NUMBER

Registration District No. Primary Registration District No. 5173 Registrar's No. 17

INDEXED

1. PLACE OF DEATH a. COUNTY <b>Callaway</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cole</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Summit Twp</b>		Length of stay in 1b <b>few Hours</b>	c. CITY OR TOWN <b>Jefferson City</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Range #11 Section 20</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Route # 4</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <b>ERNEST RAY ROBB</b>			4. DATE OF DEATH Month Day Year <b>Nov. 16 1960</b>	
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>4/1/1934</b>	9. AGE (last birthday) <b>26</b>	IF UNDER 1 YEAR Months <b>7</b> Days <b>13</b>	IF UNDER 24 HR Hours <b>15</b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Clerk - State Highway</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Department of Mo</b>	11. BIRTHPLACE (City and state or country) <b>Fayette, Missouri</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Charles Ernest Robb</b>	13b. MOTHER'S MAIDEN NAME <b>Iva Mae</b>	14. NAME OF HUSBAND OR WIFE <b>Grace Roark Robb</b>
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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) <b>yes Korean War</b>	16. SOCIAL SECURITY NO. <b>497-34-2183</b>	17. INFORMANT Address <b>Mrs. Grace Robb, R.# 4 Jeff City, Mo</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Exsanguination + cardiac arrest</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1-3 minutes</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Lacerations of the heart</b>	
	DUE TO (c) <b>Gunshot (rifle)</b>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Lacerations of both lungs, gunshot.</b>	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
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <b>while Deer Hunting</b>
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20c. TIME OF INJURY Hour <b>Approx 7 m.</b> Month, Day, Year <b>11/16/60</b>
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>Summit Twp</b>	COUNTY <b>Callaway</b>	STATE <b>Mo</b>
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21. I attended the deceased from \_\_\_\_\_, to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
 Death occurred at **Approx 7:00 A.M.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>Fred P. Handley M.D.</b>	22b. ADDRESS <b>515 E. High St. Jefferson City</b>	22c. DATE SIGNED <b>16 Nov 60.</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Nov, 18, 1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>RIVERVIEW CEM.</b>	23d. LOCATION (City, town, or county) (State) <b>JEFFERSON CITY MO</b>
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24. FUNERAL DIRECTOR <b>Victor Buescher J.C.M.O.</b>	ADDRESS <b></b>	25. DATE RECD. BY LOCAL REG. <b>11/21/60</b>	26. REGISTRAR'S SIGNATURE <b>Wilroy Claypool</b>
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(Licensed Embalmer's Statement on Reverse Side)

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



Licensed Embalmer No. 3701

P. O. Address JC

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.