

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-013050

STATE FILE NUMBER

Registration District No. 72 Primary Registration District No. 3013 Registrar's No. 61

AMENDED

**FILED MAY 3 1961**

1. PLACE OF DEATH  
 a. COUNTY Clay  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN North Kansas Cty. Length of stay in 1b 1 WEEK  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION North Kansas City Memorial Hospital Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE MISSOURI COUNTY CLAY  
 c. CITY OR TOWN KANSAS CITY Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) 3901 EAST 50TH, NORTH Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last  
Sarah William Robb

4. DATE OF DEATH Month Day Year  
April 15 1961

5. SEX Female 6. COLOR OR RACE Caucasian 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 6-1-1887 9. AGE (last birthday) 73 IF UNDER 1 YEAR IF UNDER 24 HR  
 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NURSE 10b. KIND OF BUSINESS OR INDUSTRY REGISTERED 11. BIRTHPLACE (City and state or country) PETERBOROUGH CO. ONTARIO, CANADA 12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME BRIDEN SPENCE 13b. MOTHER'S MAIDEN NAME SUSAN ELLIOT 14. NAME OF HUSBAND OR WIFE T. BRUCE 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. NONE 17. INFORMANT T. BRUCE ROBB Address 3901 EAST 50TH, NO. KANSAS CITY, MISSOURI

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Acute Respiratory failure INTERVAL BETWEEN ONSET AND DEATH 30 min  
 DUE TO (b) Encephalomyelitis 1 wk  
 DUE TO (c) Cerebral arterio-sclerosis 10 mo

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
Generalized arterio-sclerosis - Phlebotomy

PART III. If deceased was female was there a pregnancy in last 90 days.  
 Yes  N:  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  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  NOT WHILE AT WORK  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 4-7-61 to 4-15-61 and last saw her/him alive on 4-15-61  
 Death occurred at 8:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Daniel Boone M 22b. ADDRESS 2025 Swift - NKC, 16 May-16-61 22c. DATE SIGNED 4-16-61

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL 23b. DATE APR. 17, 1961 23c. NAME OF CEMETERY OR CREMATOR GYPSWIN CEMETERY 23d. LOCATION (City, town, or county) (State) SALINA KANSAS

24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS KANSAS CITY, MO. ADDRESS 1331 BRUSH CR. 25. DATE RECD. BY LOCAL REG. 4-16-61 26. REGISTRAR'S SIGNATURE Marguerite Judgen

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

INSTEAD OF

SHOULD READ

FORM NO.

**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

*Raymond M. Hardy*

Licensed Embalmer No. 4913

P. O. Address Indep. 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.