

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-046692

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 140 Primary Registration District No. 5344 Registrar's No. 103

VS 300  
Rev. 4/59

1	0450
2	0450
3	1
4	0
5	1
6	
7	0
8	2
9	9331X
10	
11	
12	90-2
13	1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

<p><b>FILED DEC 19 1962</b></p> <p>1. PLACE OF DEATH</p> <p>a. COUNTY <u>Howard</u></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Higbee -- Burton Twnshp.</u> Length of stay in town</p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>7 Mi. SW of Higbee</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>		<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u></p> <p>c. CITY OR TOWN <u>Higbee</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) <u>RFD</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>					
<p>3. NAME OF DECEASED (Type or print) First Middle Last <u>Thomas Edwin Robb</u></p>		<p>4. DATE OF DEATH Month Day Year <u>12/9/62</u></p>					
<p>5. SEX <u>male</u></p>	<p>6. COLOR OR RACE <u>white</u></p>	<p>7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH <u>4/22/86</u></p>	<p>9. AGE (last birthday) <u>76</u></p>	<p>IF UNDER 1 YEAR Months Days Hours Min.</p>	<p>IF UNDER 24 HR</p>	
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farming</u></p>		<p>10b. KIND OF BUSINESS OR INDUSTRY <u>Howard Co., Mo.</u></p>		<p>11. BIRTHPLACE (City and state or country) <u>USA</u></p>		<p>12. CITIZEN OF WHAT COUNTRY <u>USA</u></p>	
<p>13a. FATHER'S NAME <u>W. A. Robb</u></p>		<p>13b. MOTHER'S MAIDEN NAME <u>Sarah Eliz. Robb</u></p>		<p>14. NAME OF HUSBAND OR WIFE <u>Effie Robb</u></p>			
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u></p>		<p>16. SOCIAL SECURITY NO. <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span></p>		<p>17. INFORMANT Address <u>Effie Robb Higbee, Mo.</u></p>			
<p>18. CAUSE OF DEATH (Enter only one cause per line if PART I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) <u>respiratory failure</u></p> <p style="text-align: center;">DUE TO (b) <u>medullary paralysis</u></p> <p style="text-align: center;">DUE TO (c) <u>Cerebral Hemorrhage</u></p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.</p>						<p>INTERVAL BETWEEN ONSET AND DEATH</p> <p><u>2 hrs</u></p> <p><u>8 hrs</u></p> <p><u>2 days</u></p>	
<p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p>						<p>PART III. If deceased was female, was there a pregnancy in last 90 days.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>	
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>		<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>		<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>			
<p>20c. TIME OF INJURY Hour a.m. p.m.</p>		<p>Month, Day, Year</p>		<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>			
<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>		<p>20f. CITY, TOWN, OR LOCATION</p>		<p>COUNTY STATE</p>			
<p>21. I attended the deceased from <u>7-5-61</u> to <u>12-9-62</u> and last saw him alive on <u>12-9-62</u></p> <p>Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.</p>							
<p>22a. SIGNATURE <u>[Signature]</u> (Degree or title)</p>				<p>22b. ADDRESS <u>Moberly, Mo</u></p>		<p>22c. DATE SIGNED <u>12-11-62</u></p>	
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u></p>		<p>23b. DATE <u>12/11/62</u></p>		<p>23c. NAME OF CEMETERY OR CREMATORY <u>Higbee City Cemetery</u></p>		<p>23d. LOCATION (City, town, or county) <u>Higbee, Mo.</u> (State)</p>	
<p>24. FUNERAL DIRECTOR ADDRESS <u>Million &amp; Greer Moberly, Mo.</u></p>			<p>25. DATE RECD. BY LOCAL REG. <u>12-10-62</u></p>		<p>26. REGISTRAR'S SIGNATURE <u>Katherine Walsh</u></p>		

USE BLACK INK OR TYPEWRITER RIBBON

MAR 5 1963

**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 Marion E. Millian

Licensed Embalmer No. 3957

P. O. Address Moberly, 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.