

FILED JUN 11 1949

STANDARD CERTIFICATE OF DEATH

State File No. 14717BIRTH NO. 26668-49 REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 168

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Adair</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Keokville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brushy, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Crain-Smith Memorial</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Baby boy</u> b. (Middle) <u>Robertson</u> c. (Last) <u>Robertson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 5 1949</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>6/3/49</u>
9. AGE (In years last birthday)		10. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>Clarence Robertson</u>	
13b. MOTHER'S MAIDEN NAME <u>Marjorie Cowan</u>		14. NAME OF HUSBAND OR WIFE <u>X</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>X</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Marjorie Robertson, Keokville</u>		ADDRESS <u>Keokville, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congenital Atelactasis, right lung</u> ANTECEDENT CAUSES DUE TO (b) <u>Measles</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>X</u>		19b. MAJOR FINDINGS OF OPERATION <u>X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>76 20</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>X</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>X</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>X</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>X</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>X</u>	
22. I hereby certify that I attended the deceased from <u>6/3</u> , 19 <u>49</u> , to <u>6/5</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>6/5/49</u> , 19 <u>49</u> , and that death occurred at <u>1:57</u> p.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>J. P. King M.D.</u>		23b. ADDRESS <u>Keokville, Mo.</u>	
23c. DATE SIGNED <u>6/5/49</u>		24a. BURLI, CREMATION, REMOVAL (Specify) <u>Interred</u>	
24b. DATE <u>6-5-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Brushy Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Brushy, Mo.</u>		DATE REC'D BY LOCAL REG. <u>6-8-49</u>	
REGISTRAR'S SIGNATURE <u>Walter Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Frank R. Ensey</u>	
ADDRESS <u>Brushy, Mo.</u>		ADDRESS <u>Brushy, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 11

District File Number 649-11

Date Filed JUN 10 1949

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.

Signed Forster P. Enckley

Signed _____
Student Embalmer

Licensed Embalmer No. 1146

P. O. Address Brashear, 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 this body is not embalmed, fact should be so stated above.