

FILED MAY 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15629

BIRTH NO. _____ REG. DIST. NO. 134 PRIMARY REG. DIST. NO. 4208 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY Harrison		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Harrison	
b. CITY OR TOWN Cainsville	c. LENGTH OF STAY (in this place) All life	c. CITY OR TOWN Cainsville, Missouri	
d. FULL NAME OF HOSPITAL OR INSTITUTION Cainsville, Missouri		d. STREET ADDRESS 0	

3. NAME OF DECEASED (Type or Print) Commodore Perry Robertson	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) 5 1 1949
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 10, 1869	9. AGE (in years last birthday) 79
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Perry Robertson	13b. MOTHER'S MAIDEN NAME Margaret Ray	14. NAME OF HUSBAND OR WIFE Mary Jane Robertson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mary Jane Robertson
		ADDRESS Cainsville, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis			2 4 hrs
ANTECEDENT CAUSES	DUE TO (b) Generalized Anasarca		2 years
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	DUE TO (c) Chronic Myocardial Disease		5 years
II. OTHER SIGNIFICANT CONDITIONS	Conditions contributing to the death but not related to the disease or condition causing death.		4 mos

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1948, to May 1, 1949, that I last saw the deceased alive on May 1, 1949, and that death occurred at 9:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE Alfred L. Taff D.O. 91	23b. ADDRESS Cainsville, Mo.	23c. DATE SIGNED May 2 1949
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-3-1949	24c. NAME OF CEMETERY OR CREMATORY Oaklawn Cemetery
DATE REC'D BY LOCAL REG. May 8-1949		24d. LOCATION (City, town, or county) (State) Cainsville, Mo.
REGISTRAR'S SIGNATURE S. Pha Shaw	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Cainsville, Mo.

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

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/et/by

Winifred S. Taff

Student Embalmer No. 239

working under my personal supervision.

Signed Winifred S. Taff
Student Embalmer

Signed [Signature]

Licensed Embalmer No. 3602

P. O. Address Cainsville, Missouri

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.