

S. No. 300
V. 10-48

FILED DEC 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Musser 40968

State File No. 40
Registrar's No. 33

BIRTH NO. _____ REG. DIST. NO. 142 PRIMARY REG. DIST. NO. 4232

1. PLACE OF DEATH a. COUNTY Howell		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Howell	
b. CITY (If outside corporate limits, write RURAL and give township) Willow Springs		c. CITY (If outside corporate limits, write RURAL and give township): Willow Springs	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) Roy b. (Middle) Elvis c. (Last) Robertson		4. DATE OF DEATH (Month) (Day) (Year) Nov 23-49	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 5-1910
9. AGE (In years last birthday) 39		10. IF UNDER 1 YEAR Months 7 Days 18	11. IF UNDER 24 HRS. Hours Mts.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Tarkio, Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Roy N. Robertson	
13b. MOTHER'S MAIDEN NAME Vina Slama		14. NAME OF HUSBAND OR WIFE Margarite Robertson	
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.	
17. INFORMANT'S SIGNATURE OR NAME Mrs R E Robertson		ADDRESS Willow Springs Mo	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Uremia Nephritis? DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS- Conditions contributing to the death but not related to the disease or condition causing death. 593X	
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 Nov 11, 1949 to Nov 21, 1949 that I last saw the deceased alive on Nov 21, 1949 and that death occurred at 6:20 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) R. E. Musser M.D.		23b. ADDRESS Willow Springs, MO	
23c. DATE SIGNED Dec 1 49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-26-49	
24c. NAME OF CEMETERY OR CREMATORY Arrol		24d. LOCATION (City, town, or county) (State) Arrol, Mo.	
DATE REC'D BY LOCAL REG. Dec 16-1949		REGISTRAR'S SIGNATURE Marshall Baker 387	
25. FUNERAL DIRECTOR'S SIGNATURE Duncan Funeral Home		ADDRESS Mtn View, Mo.	

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

FEB 18 1950
RECEIVED

12/19/49

District Health Officer No. 5,

District File Number 1249794

Date Filed 12/22/49

DEC 27 1949

JAN 14 1955

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
Student Embalmer

Signed

Joe R. Duncan

Licensed Embalmer No. 4325

P. O. Address M. X. Ventura

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.