

FILED DEC 7 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36548**

BIRTH NO. **11-21-50** REG. DIST. NO. **93** PRIMARY REG. DIST. NO. **5334** Registrar's No. **58**

|  |                                   |  |  |
|--|-----------------------------------|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Dade</b>   |                                   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Mo</b> b. COUNTY <b>Dade</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>Rural Lockwood Twp.</b> | c. LENGTH OF STAY (In this place) | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>Rural, Lockwood, Mo.</b> <b>8290</b>            |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home</b>  |                                   | d. STREET ADDRESS (If rural, give location)  |  |

|  |                           |  |  |  |  |
|--|---------------------------|--|--|--|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>John</b> b. (Middle) <b>Warren</b> c. (Last) <b>Robertson</b> |                           |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>Nov. 20, 1950</b>        |  |  |
| 5. SEX <b>M</b>  | 6. COLOR OR RACE <b>W</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH<br><b>Aug. 8 1879</b>                               | 9. AGE (In years last birthday) <b>71</b>  | # UNDER 1 YEAR <b>3</b> MONTHS <b>12</b> HOURS <b>Min.</b> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Retired</b>      |                           | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Farmer</b>     | 11. BIRTHPLACE (State or foreign country)<br><b>Pleasanton Kans.</b> | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b> |  |

|   |  |  |
|---|--|--|
| 13a. FATHER'S NAME<br><b>John Robertson</b> | 13b. MOTHER'S MAIDEN NAME<br><b>Mary Elizabeth Clark</b> | 14. NAME OF HUSBAND OR WIFE<br><b>Florence Robertson</b> |
|---|--|--|

|   |                                     |   |
|---|-------------------------------------|---|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> | 16. SOCIAL SECURITY NO. <b>none</b> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Mrs. Florence Robertson Lockwood, Mo.</b> |
|---|-------------------------------------|---|

|   |  |  |                                  |
|---|--|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION  |  | INTERVAL BETWEEN ONSET AND DEATH |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>uremia</b>   |  |                                  |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Probably malignancy of Parotid gland</b><br>DUE TO (c) <b>Nephritis</b> |  |                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |  |  | <b>177X</b>                      |

|                                       |                                  |   |
|---------------------------------------|----------------------------------|---|
| 19a. DATE OF OPERATION<br><b>None</b> | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY?<br>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) (Min.) | 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 **11-2-**, 19**50**, to **11-19-**, 19**50**, that I last saw the deceased alive on **11-19-50**, at **10:25 A. m.**, and that death occurred at **6:25 A. m.**, from the causes and on the date stated above.

|   |                                    |                                     |
|---|------------------------------------|-------------------------------------|
| 23a. SIGNATURE<br><b>J. D. Combes</b> (Degree or title) | 23b. ADDRESS<br><b>Lockwood Mo</b> | 23c. DATE SIGNED<br><b>11-21-50</b> |
|---|------------------------------------|-------------------------------------|

|  |                              |  |   |
|--|------------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b> | 24b. DATE<br><b>11-22-50</b> | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Lone star</b> | 24d. LOCATION (City, town, or county) (State)<br><b>Mt. Grove Mo.</b> |
|--|------------------------------|--|---|

|   |  |   |
|---|--|---|
| DATE REC'D BY LOCAL REG.<br><b>11-21-50</b> | REGISTRAR'S SIGNATURE<br><b>Geo L. Weir</b> <b>790</b> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>W.R. Allison Greenfield, Mo.</b> |
|---|--|---|

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

290

DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED NOV 28 1950

Dist. File 1250-2424

Date Filed 12-5-50

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 W.R. Allison

Licensed Embalmer No. 4404

P. O. Address Greenfield, 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.