

FILED NOV 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37979**

BIRTH NO. _____ REG. DIST. NO. **275** PRIMARY REG. DIST. NO. **3053** Registrar's No. **148**

0812
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Carter	
b. CITY (If outside corporate limits, write RURAL and give town) Rolla		c. LENGTH OF STAY (In this place) 6 Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION McFarland Nursing Home		c. CITY (If outside corporate limits, write RURAL and give township) Hunter	
3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) W. c. (Last) Robertson		4. DATE OF DEATH (Month) (Day) (Year) Nov. 8, 1950	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 18, 1866
9. AGE (In years last birthday) 84		if UNDER 1 YEAR Months 7 Days 21	if UNDER 24 HRS. Hours - Min. -
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Illinois
13a. FATHER'S NAME Hugh Robertson		13b. MOTHER'S MAIDEN NAME Rollins	12. CITIZEN OF WHAT COUNTRY? USA
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME Nursing Home Records ADDRESS Rolla, Mo.
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) mitral regurgitation ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Old age 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		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 May 2, 1950 , to Nov. 8, 1950 , that I last saw the deceased alive on Nov. 8, 1950 and that death occurred at 8:45 a. m. , from the causes and on the date stated above.			
23a. SIGNATURE Widney McFarland (Print or Title)		23b. ADDRESS Rolla Mo	23c. DATE SIGNED 11-8-50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 10, 1950	24c. NAME OF CEMETERY OR CREMATORY Hunter Cemetery,	24d. LOCATION (City, town, or county) (State) Hunter, Mo.
DATE REC'D BY LOCAL REG. 11-9-50	REGISTRAR'S SIGNATURE Nadine L. Stolle	25. FUNERAL DIRECTOR'S SIGNATURE Seaton Sewell	ADDRESS Van Buren, Mo.

RECEIVED
Phelps County Health Officer,
County File Number _____
Date Filed 11/22/58

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 _____

working under my personal supervision.

Student Embalmer No.

NOT EMBALMED

Signed Seaton Pewitt

Signed.....
Student Embalmer

Licensed Embalmer No. 2287

P. O. Address Van Buren 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.