

FILED FEB 19 1951

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 4235
 Registrar's No. 39

BIRTH NO. _____		REG. DIST. NO. <u>77</u>		PRIMARY REG. DIST. NO. <u>3016</u>		Registrar's No. <u>39</u>	
1. PLACE OF DEATH a. COUNTY <u>Cole</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>		c. LENGTH OF STAY (In this place) <u>2 wks</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cedar City</u>		<u>0140</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Marys Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>Main St.</u>			
3. NAME OF DECEASED a. (First) <u>Daniel</u> b. (Middle) <u>Walter</u> c. (Last) <u>Robertson</u>			4. DATE OF DEATH <u>Feb. 13, 1951</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 4 1878</u>		9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>9</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Employee State</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Sec. of State</u>		11. BIRTHPLACE (State or foreign country) <u>Miami, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John Robertson</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Sherridan</u>		14. NAME OF HUSBAND OR WIFE <u>Mayme Robertson</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>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mayme Robertson Cedar City, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cereyema</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>33ix</u> <u>1 week</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>Feb 12, 1951</u> , to <u>Feb 14, 1951</u> , that I last saw the deceased alive on <u>Feb 13, 1951</u> , and that death occurred at <u>10:30A m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dean O. Taylor M.D.</u>				23b. ADDRESS <u>Jefferson City, Mo.</u>		23c. DATE SIGNED <u>2-13-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 15, 1951</u>		24c. NAME OF CEMETERY OR CREMATORIUM <u>Marshall Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Marshall Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Feb 13-1951</u>		REGISTRAR'S SIGNATURE <u>R.P. Harris M.D. M.P.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Victor Bueschey Jefferson City Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

2264

RECEIVED 2-17-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 2-17-51

AUG 7 1952

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. 389

Signed Billy Lloyd Shackelford
Student Embalmer

Signed Victor Bunchu

Licensed Embalmer No. 3701

P. O. Address Jefferson City 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.