

FILED APR 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13402

State File No. _____

95

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>nodaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>Andrew</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MARYVILLE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>R.F.D. SAVANNAH 0020</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Clifton</u> b. (Middle) _____ c. (Last) <u>Robertson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4-10-1951</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>Sept 25 1875</u>		9. AGE (In years last birthday) <u>75</u> IF UNDER 1 YEAR Months <u>6</u> Days <u>15</u> IF UNDER 12 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Fillmore, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>					

13a. FATHER'S NAME <u>William Robertson</u>		13b. MOTHER'S MAIDEN NAME <u>Ann Cole</u>		14. NAME OF HUSBAND OR WIFE <u>ADA ROBERTSON</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ada Robertson Savannah Mo</u> ADDRESS _____	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertrophy of Prostate</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 years</u> <u>3 years</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic myocarditis</u> <u>Arteriosclerosis general</u>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

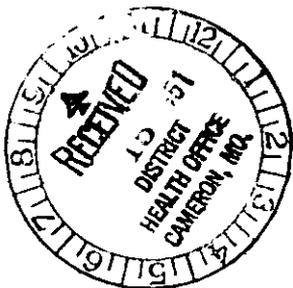
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4221X</u>	
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 2-3, 1951, to 4-10, 1951, that I last saw the deceased alive on 4-9, 1951, and that death occurred at 6:55 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Ronald Roy M.D.</u> (Degree or title)		23b. ADDRESS <u>Savannah Mo</u>		23c. DATE SIGNED <u>4-11-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>13-0</u>		24b. DATE <u>4-12-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Savannah Savannah Mo</u>	
24d. LOCATION (City, town, or county) (State) _____		24e. FURNERAL DIRECTOR'S SIGNATURE <u>E.C. Breit, Savannah Mo</u> ADDRESS _____			
DATE REC'D BY LOCAL REG. <u>4-14-51</u>		REGISTRAR'S SIGNATURE <u>Leas Holt</u>		FURNERAL DIRECTOR'S SIGNATURE <u>E.C. Breit, Savannah Mo</u>	

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

1740



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 E. C. Brecht

Licensed Embalmer No. 2658

P. O. Address Savannah MD

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.