

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED NOV 1 1951

BIRTH NO. _____ REG. DIST. NO. 389 PRIMARY REG. DIST. NO. 5161 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>	
b. CITY OR TOWN <u>New Bloomfield</u>		c. CITY OR TOWN <u>New Bloomfield 0141</u>	
c. LENGTH OF STAY (In this place) <u>2 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>1/2 mile west of town</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1/2 mile west of town</u>			

3. NAME OF DECEASED (Type or Print) <u>Ferd Emory Robertson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 20 1951</u>		
a. (First)		b. (Middle)	c. (Last)		

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 29 1887</u>	9. AGE (In years last birthday) <u>64</u>	10. UNDER 1 YEAR Months <u>5</u> Days <u>21</u>	11. UNDER 1 WEEK Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work doing most of working life, even if retired) <u>Fire Chief (Ret)</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Fire Dept. J.C.M.</u>	11. BIRTHPLACE (State or foreign country) <u>Bourbon, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>James K. Robertson</u>	13b. MOTHER'S MAIDEN NAME <u>Millie Benson</u>	14. NAME OF HUSBAND OR WIFE <u>Myra Robertson</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>	(If yes, give year or dates of service) <u>None</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Myra Robertson</u>	ADDRESS <u>1111</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Oct 20 1951 2:20</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Feb 13, 1950, to Oct 20, 1951, that I last saw the deceased alive on Oct 17, 1951, and that death occurred at 2 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. M. D. Rusk</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>New Bloomfield Mo.</u>	23c. DATE SIGNED <u>Oct 21 51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct 23 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pineview</u>	24d. LOCATION (City, town, or county) (State) <u>Jefferson City Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Oct 22 51</u>	REGISTRAR'S SIGNATURE <u>Robert Clapp</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Janner Sen</u>	ADDRESS <u>Jeff City Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

File No.

DISTRICT HEALTH OFFICE No. 4

OCT 30 1951

RECEIVED

NOV

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 *J. W. Madson*

Licensed Embalmer No. *3641*

P. O. Address *Jms*

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.