

FILED OCT 30 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 333323
Registrar's No. 94

BIRTH NO. _____ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 3022

1. PLACE OF DEATH a. COUNTY Harrison		2. USUAL RESIDENCE (Where deceased lived, or institution; residence before admission). a. STATE Mo b. COUNTY Harrison	
b. CITY OR TOWN Bethany	c. LENGTH OF STAY (in this place) 14 hours	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ridgeway Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bethany Hospital		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Tombs c. (Last) Robertson	4. DATE OF DEATH (Month) (Day) (Year) Oct. 15-51
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married	8. DATE OF BIRTH May-5-1870	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months 5	IF UNDER 12 HRS. Hours 10
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10a. USUAL OCCUPATION (Give kind of work done for the most part of working life, even if retired) Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Harrison Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME David P. Robertson	13b. MOTHER'S MAIDEN NAME Solida Wier	14. NAME OF HUSBAND OR WIFE Nancy Jane Robertson
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give date of service) No	16. SOCIAL SECURITY NO. 444-14-2454	17. INFORMANT'S SIGNATURE OR NAME EVERETT H. ROBERTSON	ADDRESS RIDGEWAY MO
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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, ashenia, 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) pulmonary embolus		15 minutes
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerotic cardiovascular disease DUE TO (c) generalized arteriosclerosis Benign Prostatic hypertrophy		5 years 10 years 10 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4 2 2 1	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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 10-12-51, to 10-16-51, that I last saw the deceased alive on 10-15-51, and that death occurred at 1:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE Leonard R. Lee M.D.	(Degree or title) D.O.	23b. ADDRESS Bethany Mo	23c. DATE SIGNED 10/19/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 18-51	24c. NAME OF CEMETERY OR CREMATORY Eastville Cemetery	24d. LOCATION (City, town, or county) (State) 1 mile E. Rolla Mo.
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DATE REC'D BY LOCAL REG. 10-19-51	REGISTRAR'S SIGNATURE Zola Burris	25. EMBALMER'S SIGNATURE Robert H. Rogers	ADDRESS Ridgeway Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

411

NOV 29 1954



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 Robert W. Bopp

Licensed Embalmer No. 3376

P. O. Address Ridgeway 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.