No. 300
10.48

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

REC'D DEC 8- 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38161

BIRTH NO. _____ REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 3046 Registrar's No. 83

1. PLACE OF DEATH
a. COUNTY: Moniteau
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): California
c. LENGTH OF STAY (In this place): 1 yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 311 Hodges

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Moniteau
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): California 0681
d. STREET ADDRESS (If rural, give location): 311 Hodges

3. NAME OF DECEASED (Type or Print): a. (First) Ruth b. (Middle) Lloyd c. (Last) Robertson

4. DATE OF DEATH (Month) Dec. (Day) 2 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: July 9, 1869

9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months 4 Days 23 — IF UNDER 24 HRS.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Clarksburg Mo

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John B. Stewart

13b. MOTHER'S MAIDEN NAME: Elizabeth Fordyce

14. NAME OF HUSBAND OR WIFE: Joel S. Robertson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: no

17. INFORMANT'S SIGNATURE OR NAME: Joel S. Robertson — ADDRESS: California 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 25 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardio-vascular disease — 2 years.
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 ☐ NO ☑

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 7, 1951, *to* Dec 2, 1951, *that I last saw the deceased alive on* Dec 2, 1951, *and that death occurred at* 2:35 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: Edgar A. Kibby (Degree or title) M.D.

23b. ADDRESS: California

23c. DATE SIGNED: 12/3/51.

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: Dec. 4, 1951

24c. NAME OF CEMETERY OR CREMATORY: Masonic

24d. LOCATION (City, town, or county) (State): Clarksburg Mo.

DATE REC'D BY LOCAL REG.: Dec 3, 51

REGISTRAR'S SIGNATURE: H. R. Popejoy 202 M.D.

25. FUNERAL DIRECTOR'S SIGNATURE: A. E. Wilson — ADDRESS: California Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED DEC 7 1951
DISTRICT HEALTH OFFICE No. 3
District File Number
Date Filed DEC 7 1951

JUL 10 1953

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. .....

Signed A. E. Wilson

Signed .....
Student Embalmer

Licensed Embalmer No. 2361

P. O. Address California Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.