

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16002

State File No.

FILED JUN 9 1952

BIRTH NO. REG. DIST. NO.: 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 68

352
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1. PLACE OF DEATH a. COUNTY: Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE: Mo. b. COUNTY: Dunklin	
b. CITY (If outside corporate limits, write RURAL and give township): Kennett		c. CITY (If outside corporate limits, write RURAL and give township): Kennett Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Presnell Hospital		d. STREET ADDRESS (If rural, give location): 801 South Main St.	

3. NAME OF DECEASED (Type or Print) a. (First): John	b. (Middle): Augusta	c. (Last): Robertson	4. DATE OF DEATH (Month) (Day) (Year) May 28-1952
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5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Apr. 16-1891	9. AGE (In years last birthday) Months Days: 61 1 12	IF UNDER 18: Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired farmer	10b. KIND OF BUSINESS OR INDUSTRY: retired farmer	11. BIRTHPLACE (City and State or Foreign Country): Chestnut Bluff Tenn. /	12. CITIZEN OF WHAT COUNTRY?: U.S.A
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13a. FATHER'S NAME: John Thomas Robertson	13b. MOTHER'S MAIDEN NAME: Ada Singleton	14. NAME OF HUSBAND OR WIFE: Viola Robertson
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No. X	16. SOCIAL SECURITY NO.: None	17. INFORMANT'S SIGNATURE OR NAME: Viola Robertson	ADDRESS: 801 S. Main Kennett
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Myocardial Heart Disease</i>		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: <i>4222</i>	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) (Min)	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 5-27, 1952, to 5-28, 1952, that I last saw the deceased alive on 5-28, 1952, and that death occurred at 1:00 AM, from the causes and on the date stated above.

23a. SIGNATURE: <i>L. C. Wilson, M.D.</i> (Degree or title)	23b. ADDRESS: <i>Kennett, Mo.</i>	23c. DATE SIGNED: <i>5-30-52</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify): <i>Burial A</i>	24b. DATE: <i>5-29-52</i>	24c. NAME OF CEMETERY OR CREMATORY: <i>Oak Ridge Cemetery</i>	24d. LOCATION (City, town, or county) (State): <i>Kennett Mo.</i>
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DATE REC'D BY LOCAL REG.: <i>5-30-1952</i>	REGISTRAR'S SIGNATURE: <i>Carl H. ...</i>	25. FUNERAL DIRECTOR'S SIGNATURE: <i>Henry ...</i> ADDRESS: <i>Kennett Mo.</i>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 6-2-52

COUNTY FILE NUMBER 652-142

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

Edgar Lee Ford

Licensed Embalmer No. 4433

P. O. Address Kennett 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.