

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20162

FILED JUN 30 1952

State File No. ....

|   |  |   |   |   |   |   |   |  |
|---|--|---|---|---|---|---|---|--|
| BIRTH NO. _____   |  | REG. DIST. NO. <u>128</u>   |   | PRIMARY REG. DIST. NO. <u>2000</u>  |   | Registrar's No. <u>619</u>  |   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>GREENE</u>  |  |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u> |   |   |   |  |
| b. CITY OR TOWN<br><u>Springfield</u>   |  | c. LENGTH OF STAY (in this place)<br><u>1 day</u>   |   | c. CITY OR TOWN<br><u>Republic</u>  |   | <u>0390</u>   |   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>MOZARK OSTEOPATHIC HOSPITAL</u>   |  |   |   | d. STREET ADDRESS (If rural, give location)<br><u>WEST ELM ST.</u>  |   |   |   |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Samuel</u>   |  | b. (Middle) <u>Benjamin</u>   |   | c. (Last) <u>Robertson</u>  |   | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>June 22, 1952</u>         |   |  |
| 5. SEX<br><u>Male</u>   |  | 6. COLOR OR RACE<br><u>White</u>  |   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Married</u>  |   | 8. DATE OF BIRTH<br><u>Oct. 18, 1878</u>                              |   |  |
| 9. AGE (In years last birthday)<br><u>73</u>  |  | IF UNDER 1 YEAR<br>Months _____ Days _____  |   | IF UNDER 1 YEAR<br>Hours _____ Min. _____   |   |   |   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Farmer</u>  |  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>MIXED CROPS</u> |   | 11. BIRTHPLACE (State or foreign country)<br><u>Hinesville, Ar Kansas</u> |   | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A</u>  |  |
| 13a. FATHER'S NAME<br><u>William Robertson</u>  |  |   | 13b. MOTHER'S MAIDEN NAME<br><u>Sarah Johns</u>         |   | 14. NAME OF HUSBAND OR WIFE<br><u>Essie Stogall</u>                       |   |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>   |  | 16. SOCIAL SECURITY NO.<br><u>No</u>  |   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Charles W. Wilkins, Republic, Mo</u>  |   |   |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.                         |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Circulatory failure</u><br><u>Decompensated Cop Pulmonary</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Chronic Mitral stenosis</u><br>DUE TO (c) <u>Juvenile rheumatic fever</u><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |   |   |   |   | INTERVAL BETWEEN ONSET AND DEATH  |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION<br><u>410 X</u>  |   |   |   |   | 20. AUTOPSY?<br>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)   |   |   |   |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)   |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>   |   | 21f. HOW DID INJURY OCCUR?  |   |   |   |  |
| 22. I hereby certify that I attended the deceased from <u>6/22, 1952</u> to <u>6/22, 1952</u> , that I last saw the deceased alive on <u>6/25, 1952</u> , and that death occurred at <u>2:55 P.M.</u> m., from the causes and on the date stated above. |  |   |   |   |   |   |   |  |
| 23a. SIGNATURE<br><u>Richard E. Webster, M.D.</u>   |  |   |   | 23b. ADDRESS<br><u>Springfield, Mo.</u>   |   | 23c. DATE SIGNED<br><u>6/22/52</u>                                    |   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)   |  | 24b. DATE<br><u>6/29/52</u>   |   | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Lindsay</u>  |   | 24d. LOCATION (City, town, or county) (State)<br><u>Republic, Mo.</u> |   |  |
| DATE REC'D BY LOCAL REG.<br><u>6-24-52</u>  |  | REGISTRAR'S SIGNATURE<br><u>Earth Williamson Registrar</u>  |   | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>Max L. Fossett</u>   |   | ADDRESS<br><u>Republic, Mo.</u>                                       |   |  |

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

443392

**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 John A. McRabb  
Licensed Embalmer No. 4635

P. O. Address Republic, 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.