

S. No. 300  
v. 10:48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21100**

FILED JUL 7 1952  
BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **181** PRIMARY REG. DIST. NO. **4293** Registrar's No. **20.**

1. PLACE OF DEATH a. COUNTY <b>Lincoln</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ELSBERRY MO</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS 0570</b>	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) <b>2710 Delmar</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION _____			

3. NAME OF DECEASED (Type or Print) a. (First) <b>WILLIE</b>	b. (Middle) <b>ROBERTSON</b>	c. (Last) _____	4. DATE OF DEATH (Month) (Day) (Year) <b>15 JUNE 1952</b>
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5. SEX <b>M</b>	6. COLOR OR RACE <b>C</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>11-18-1890</b>	9. AGE (In years last birthday) <b>61</b>	IF UNDER 1 YEAR Months <b>6</b> Days <b>27</b>	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>laborer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>LINCOLN CO MO, U.S.A.</b>	12. CITIZEN OF WHAT COUNTRY? _____
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13a. FATHER'S NAME <b>HENRY ROBERTSON</b>	13b. MOTHER'S MAIDEN NAME <b>Phyllis Ball</b>	14. NAME OF HUSBAND OR WIFE <b>EDNA ROBERTSON</b>
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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) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <b>Rosie Howe</b> ADDRESS <b>2815 Sherman</b>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Gun shot wounds</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>in chest.</b> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>E981X</b>			

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 (Specify) <b>Homicide</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Street</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Elsberry MO.</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>June 15 1952</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR _____
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>Edna Ellias</b> (Degree or title) <b>Edna</b>	23b. ADDRESS <b>1209 7th</b>	23c. DATE SIGNED <b>June 17</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Buried</b>	24b. DATE <b>6-20-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>NATL. Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>JEFFERSON BRK. MO</b>
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DATE REC'D BY LOCAL REG. <b>7-3-52</b>	REGISTRAR'S SIGNATURE <b>Mrs. Clarence Kientz</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>H. V. Walton</b> ADDRESS <b>2707 Studsdor</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

0570  
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SEP 23 1937

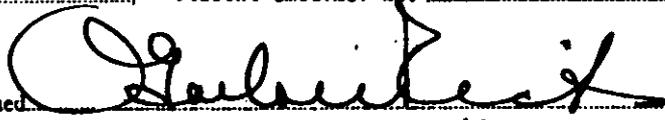
STATEMENT BY LICENSED EMBALMER

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 

Licensed Embalmer No. 4012

P. O. Address Elberry, 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.