

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

S. No. 300  
V. 10.48  
FILED JUN 17 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 378 PRIMARY REG. DIST. NO. 4552 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <b>Wright</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>WRIGHT</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Mtn. Grove</b>	c. LENGTH OF STAY (In this place) <b>3 yrs</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Mtn. Grove</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>225 ELM STREET</b>		d. STREET ADDRESS (Rural, give location) <b>225 ELM STREET</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>William</b> b. (Middle) <b>T. Robertson</b> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <b>6-2-52</b>		
--	--	--	--	--	--

5. SEX <b>MALE</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>MARCH 24, 1868</b>	9. AGE (In years last birthday) <b>84</b>	IF UNDER 1 YEAR Month Day	IF UNDER 4 HRS. Hours Min.
--------------------	-------------------------------	--	---	--	------------------------------	-------------------------------

10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <b>Retired farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (State or foreign country) <b>Illinois</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
---	--	--	---

13a. FATHER'S NAME <b>THOMAS Robertson</b>	13b. MOTHER'S MAIDEN NAME <b>Tempy LAWSON</b>	14. NAME OF HUSBAND OR WIFE <b>Alice Murr Robertson</b>
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Alice Robertson, Mtn. Grove</b>	ADDRESS <b>Mo</b>
---	--	---	----------------------

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <b>Lobar Pneumonia</b>		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) <b>Bronchio-genic Carcinoma 1 1/2.</b>		
	DUE TO (c) <b>Cardio-Vascular Scler Disease</b>		
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 <b>162 X</b>	20. AUTOPSY? 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) m.	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 **June 19 1952** to **June 2**, 1952, that I last saw the deceased alive on **June 2**, 1952, and that death occurred at **4:28 p.m.** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>D. Roberts, M.D.</b>	23b. ADDRESS <b>Mtn. Grove, Missouri</b>	23c. DATE SIGNED <b>6-5-52</b>
---	---	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>6/5/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Rock Springs</b>	24d. LOCATION (City, town, or county) (State) <b>Bandavis, Mo.</b>
--	----------------------------	---	---

DATE REC'D BY LOCAL REG. <b>6-5-52</b>	REGISTRAR'S SIGNATURE <b>A.B. Amos</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>348-C</b>	ADDRESS <b>Marcell Barber, Mtn. Grove</b>
---	---	--	--

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

1141

Mo.

RECEIVED JUN 10 1952  
WRIGHT CO. HEALTH DEPT.  
County File Number 652-70  
Date Filed 6-14-52

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 R. W. Barker

Licensed Embalmer No. 3848

P. O. Address Water Grove, 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.