

Cullers  
No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27822

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 121

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Grundy</u> <sup>0402</sup>                                |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Grundy</u> <sup>0402</sup> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Trenton</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Trenton</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>1417 East 12th</u>                              |  | d. STREET ADDRESS (If rural, give location) <u>1417 East 12th</u>  |  |

|                                     |                            |             |                            |  |
|-------------------------------------|----------------------------|-------------|----------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Reginald</u> | b. (Middle) | c. (Last) <u>Robertson</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 19, 1952</u> |
|-------------------------------------|----------------------------|-------------|----------------------------|--|

|                        |                               |   |                                       |   |                        |                      |                       |                      |
|------------------------|-------------------------------|---|---------------------------------------|---|------------------------|----------------------|-----------------------|----------------------|
| 5. SEX <u>Male</u> ( ) | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Oct. 17, 1903</u> | 9. AGE (In years last birthday) <u>49</u> | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 1 YEAR Hours | IF UNDER 1 YEAR Min. |
|------------------------|-------------------------------|---|---------------------------------------|---|------------------------|----------------------|-----------------------|----------------------|

|   |   |  |   |
|---|---|--|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mechanic</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Auto</u> | 11. BIRTHPLACE (State or foreign country) <u>Half Rock, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
|---|---|--|---|

|   |  |  |
|---|--|--|
| 13a. FATHER'S NAME <u>Alexander Robertson</u> | 13b. MOTHER'S MAIDEN NAME <u>Isabelle Lowe</u> | 14. NAME OF HUSBAND OR WIFE <u>Georgia Ada Robertson</u> |
|---|--|--|

|  |                               |   |               |
|--|-------------------------------|---|---------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. _____ | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Georgia Ada Robertson</u> | ADDRESS _____ |
|--|-------------------------------|---|---------------|

|   |  |  |   |
|---|--|--|---|
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>48 hrs</u><br><br><u>few yrs</u> |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Apoplexy</u>   |  |   |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Arterio-Sclerosis</u><br>DUE TO (c) _____ |  |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |  |  |   |

|                              |  |  |
|------------------------------|--|--|
| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION <u>334X</u> | 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) _____ | 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 Aug 16, 1952, to Aug 19, 1952, that I last saw the deceased alive on Aug 18, 1952, and that death occurred at 8:30 a. m., from the causes and on the date stated above.

|   |                                       |                                 |
|---|---------------------------------------|---------------------------------|
| 23a. SIGNATURE <u>B. H. Cullers</u> (Degree or title) <u>M.D.</u> | 23b. ADDRESS <u>Trenton, Missouri</u> | 23c. DATE SIGNED <u>8-22-52</u> |
|---|---------------------------------------|---------------------------------|

|   |                             |   |  |
|---|-----------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>8-22, 1952</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Maple Grove</u> | 24d. LOCATION (City, town, or county) (State) <u>Trenton, Missouri</u> |
|---|-----------------------------|---|--|

|   |  |  |                                  |
|---|--|--|----------------------------------|
| DATE REC'D BY LOCAL REG. <u>8-22-52</u> | REGISTRAR'S SIGNATURE <u>Irene Fair</u> <u>115</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Gipson-Oyler</u> | ADDRESS <u>Trenton, Missouri</u> |
|---|--|--|----------------------------------|

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

APR 15 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 \_\_\_\_\_

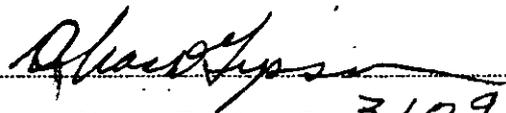
Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed \_\_\_\_\_



Licensed Embalmer No. 3109

P. O. Address Trouton MD

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.