

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42412

State File No.

5604

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

4

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

1. PLACE OF DEATH a. COUNTY <u>JACKSON COUNTY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>KANSAS</u> b. COUNTY <u>JOHNSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>	c. LENGTH OF STAY (in this place township) <u>7 weeks</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>OLATHE</u>	8150
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Colonial Nursing Home</u>		d. STREET ADDRESS (If rural, give location) <u>211 East Loula</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>LYDIA</u> b. (Middle) <u>LETTITIA</u> c. (Last) <u>ROBERTSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>DECEMBER 22, 1952</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>JUNE 11, 1871</u>
9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	11. BIRTHPLACE (State or foreign country) <u>BURKES GARDEN, VIRGINIA</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEKEEPER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13a. FATHER'S NAME <u>J. H. THOMPSON</u>	13b. MOTHER'S MAIDEN NAME <u>RACHEL ALICE DOAK</u>	14. NAME OF HUSBAND OR WIFE <u>JOHN C. ROBERTSON (DECEASED)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>X</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>REES E. THOMPSON 2208 E 69 Ter. K.C.</u>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocardial infarction</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis and coronary atherosclerosis</u> 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	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 <u>12-19</u> , 19 <u>52</u> , to <u>12-22, 1952</u> , that I last saw the deceased : alive on <u>12-19</u> , 19 <u>52</u> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Ink or title) <u>P.C. Quistgard</u>		23b. ADDRESS <u>2414 Telephone Building</u>	23c. DATE SIGNED <u>12-22-52</u>
24a. BURIAL CREMATION REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>12/24/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Edgewood Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Chillicothe, Missouri</u>
DATE REC'D BY LOCAL REG. <u>12-22-52</u>	REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H.C. Julian Olathe, Kansas</u>	

07-15-77
L.C. 1577

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 _____

working under my personal supervision. _____ Student Embalmer No. _____

Student _____
Student Embalmer

Signed *Clifton L. Fleming*

Licensed Embalmer No. *4569*

P. O. Address *Clathre Kansas*

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.