

U.S. No. 300 FILED MAR 17 1953  
REV. 10-48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9546

State File No. ....

0402

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY <u>GRAND</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u>		b. COUNTY <u>HARRISON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>TRENTON</u>		c. LENGTH OF STAY (In this place) <u>3 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gilman City</u> <u>0410</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>WILLIERS Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>/</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>SHAORICK</u> c. (Last) <u>Robertson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2 12 1953</u>				
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>divorced</u>	8. DATE OF BIRTH <u>3-7-1876</u>	9. AGE (In years last birthday) <u>76</u>	F UNDER 1 YEAR <u>11</u> Days F UNDER 1 Mth. <u>10</u> Mth.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>HARRISON Co. MO</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>ALLEN ROBERTSON</u>		13b. MOTHER'S MAIDEN NAME <u>Maggie MILLER</u>			
14. NAME OF HUSBAND OR WIFE <u>JULIA ROBERTSON</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____			
17. INFORMANT'S SIGNATURE OR NAME <u>Lester Robertson</u>		ADDRESS <u>Gilman City, Mo</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>Isosporony Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Secondary anemia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>  <u>Indefinite</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>4201</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 <u>Feb. 14, 1953</u> , to <u>Feb. 17, 1953</u> , that I last saw the deceased alive on <u>2-16-</u> , 1953, and that death occurred at <u>6:20 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W.H. Bullers M.D.</u> (Degree or title)		23b. ADDRESS <u>Trenton Mo</u>		23c. DATE SIGNED <u>2-18-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-19-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CHRISTIAN UNION</u>			
24d. LOCATION (City, town, or county) (State) <u>HARRISON Co. MO</u>		DATE REC'D BY LOCAL REG. <u>2-19-53</u>		REGISTRAR'S SIGNATURE <u>Gene Jant'is</u>			
25. FUNERAL DIRECTOR'S SIGNATURE <u>Woyl &amp; Williamson</u>		ADDRESS <u>Gilman City, Mo.</u>					

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

(Culler)

APR 28 1904

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 *W. E. Williamson*

Licensed Embalmer No. *4882*

P. O. Address *Silman City*

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.