.S. No. 300
ev. 10.48

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

FILED MAY 11 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13467

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 178

1. PLACE OF DEATH
a. COUNTY: CALLOWAY 0143 2
b. CITY OR TOWN (If outside city limits, write RURAL and give township): FULTON MISSOURI
c. LENGTH OF STAY (in this place): 15 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STATE HOSPITAL NO 1.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: LEWIS 056
c. CITY OR TOWN: LABELLE MISSOURI
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒ 1
e. STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print)
a. (First): TDA
b. (Middle):
c. (Last): ROBERTSON

4. DATE OF DEATH (Month) (Day) (Year): May 5th 1953

5. SEX: Female/
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single O
8. DATE OF BIRTH: Not given
9. AGE (In years last birthday): 53
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): house work
10b. KIND OF BUSINESS OR INDUSTRY: keeping house
11. BIRTHPLACE (City and State or Foreign Country): LABELLE MISSOURI
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: NOT GIVEN
13b. MOTHER'S MAIDEN NAME: NOT GIVEN
14. NAME OF HUSBAND OR WIFE: NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Hospital Records
ADDRESS: Fulton Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Dilatation of Heart — 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) Polmonary Oedema — 2 hrs

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: 4343
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 25, 1937, *to* May 5th 1953, *that I last saw the deceased alive on* May 5th 1953, *and that death occurred at* 11:30p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Benny Fowler M D
23b. ADDRESS: FULTON MISSOURI
23c. DATE SIGNED: May 5th 53

24a. BURIAL, CREMATION, REMOVAL: Burial
24b. DATE: 5/9/53
24c. NAME OF CEMETERY OR CREMATORY: New Ridge
24d. LOCATION (City, town, or county) (State): La Belle Mo

DATE REC'D BY LOCAL REG.: May 9 1953
REGISTRAR'S SIGNATURE: Marietta Lawrence 426
25. FUNERAL DIRECTOR'S SIGNATURE: Marion F. H
ADDRESS: Fulton

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by Not Embalmed, Student Embalmer No.

working under my personal supervision..

Student
Signature of Student Embalmer

Signed

Licensed Embalmer No. 3222

P. O. Address Fulton M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failu to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.