

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22417

State File No.

FILED JUN 30 1953

BIRTH NO.

REG. DIST. NO. 274

PRIMARY REG. DIST. NO. 3052

Registrar's No. 207

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Pettis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Henny</u> | |
| b. CITY OR TOWN <u>Sedalia</u> | | c. CITY OR TOWN <u>rural</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bothwell Hospital</u> | | d. STREET ADDRESS (If rural, give location) <u>2 mi. S. of Montrose, Mo.</u> | |
| 3. NAME OF DECEASED a. (First) <u>LANK</u> | | b. (Middle) <u>S</u> | |
| c. (Last) <u>ROBERTSON</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>June 19 1953</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>April 17, 1910</u> | |
| 9. AGE (In years last birthday) <u>43</u> | | 10. F UNDER 1 YEAR Months <u>2</u> Days <u>2</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Trax - lone operator</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>coal mine</u> | |
| 11. BIRTHPLACE (City and State or Foreign Country) <u>Monticau Co. Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Joe S. Robertson</u> | | 13b. MOTHER'S MAIDEN NAME <u>Ruth Lloyd Stewart</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Beniah Jenkins</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | |
| 16. SOCIAL SECURITY NO. <u>yes</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>John E. Bayne</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. | | 19. ADDRESS <u>Sedalia, Mo.</u> | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Encephalomalacia 3subs.</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>3subs.</u> | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (b) <u>Fractured skull - Multiple 3subs.</u> | |
| DUE TO (c) <u>Extradural hemorrhage 3subs.</u> | | DUE TO (d) <u>Fracture left 3rd, 5th ribs 3subs.</u> | |
| II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. | | DUE TO (e) <u>Pulmonary infarct 1sub.</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | 21. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u> | |
| 21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>50 Marshall Ave. Rd.</u> | | 21b. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Sedalia, Pettis Mo</u> | |
| 21c. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>May 30 53 10⁰⁰ a.</u> | | 21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | |
| 21e. HOW DID INJURY OCCUR? <u>Auto accident</u> | | 22. I hereby certify that I attended the deceased from <u>30 May 1953</u> , to <u>19 June 1953</u> , that I last saw the deceased alive on <u>19 June 1953</u> , and that death occurred at <u>15:06 P.M.</u> , from the causes and on the date stated above. | |
| 23a. SIGNATURE (Degree of title) <u>Carl Diege M.D.</u> | | 23b. ADDRESS <u>1216 West 18th St Sedalia, Mo.</u> | |
| 23c. DATE SIGNED <u>20 June 53</u> | | 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>rural</u> | |
| 24b. DATE <u>June 21, 1953</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Masonic</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>Clarkburg Mo.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>A. E. Wilson</u> | |
| 25. ADDRESS <u>California, Mo</u> | | DATE REC'D BY LOCAL REG. <u>6-22-53</u> | |

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

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 A. E. Wilson

Licensed Embalmer No. 2357

P. O. Address California, 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.