

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25388

State File No. \_\_\_\_\_

FILED AUG 11 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 348

1. PLACE OF DEATH a. COUNTY <b>JASPER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>KANSAS</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JOPLIN</b>	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>GALENA</b>	<b>8150</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. JOHNS HOSPITAL</b>		d. STREET ADDRESS <b>ROUTE 2</b>	<b>8</b>

3. NAME OF DECEASED (Type or Print) a. (First) <b>LEONARD EARL ROBERTSON</b>	b. (Middle) _____	c. (Last) _____	4. DATE OF DEATH (Month) (Day) (Year) <b>JULY 23, 1953</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>	8. DATE OF BIRTH <b>DEC. 1, 1937</b>	9. AGE (In years last birthday) <b>15</b>	IF UNDER 1 YEAR Months _____	IF UNDER 24 HRS. Days _____ Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARM WORK</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>FARM</b>	11. BIRTHPLACE (State or foreign country) <b>COLORADO CITY, TEXAS</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
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13a. FATHER'S NAME <b>WILLIAM E. ROBERTSON,</b>	13b. MOTHER'S MAIDEN NAME <b>ERIN HALLMAN</b>	14. NAME OF HUSBAND OR WIFE <del>XXXXXXXXXXXXXXXXXXXX</del> <b>NONE</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>W. E. ROBERTSON, GALENA, RT. 2</b>	ADDRESS <b>GALENA, RT. 2</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>19 hrs</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral edema</b>		
	ANTECEDENT CAUSES *Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Shock</b> DUE TO (c) <b>Compd fracture of left lower est. + pelvis Perforation of bladder</b> 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 <b>E 9/21 3</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Farm</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Galena Cherokee Kansas</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>7-22-53 2 P. M.</b>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Tractor overturned</b>
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22. I hereby certify that I attended the deceased from 22 Jul, 1953, to 23 Jul, 1953, that I last saw the deceased alive on 23 Jul, 1953, and that death occurred at 7:45 A. M., from the causes and on the date stated above.

23a. SIGNATURE <b>C. S. Davis</b>	(Degree or title) <b>M.D.</b>	23b. ADDRESS <b>Galena Ks.</b>	23c. DATE SIGNED <b>25 Jul 53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Reburied</b>	24b. DATE <b>July 24, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>G.A.R. Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Miami, Oklahoma</b>
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DATE REC'D BY LOCAL REG. <b>8-3-53</b>	REGISTRAR'S SIGNATURE <b>Ed S. James</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>W. A. S. W. U. Miami Ok</b>	ADDRESS <b>1545 N. W. 1st St. Miami Ok</b>
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(Licensed Embalmer's Statement on Reverse Side) (Miami Funeral Home)

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

AUG 1 0 1953

RECEIVED

Jasper County Health Office

County File Number 644

Date Filed August 1, 1953

AUG 1 0 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

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer .....

Signed.....

Licensed Embalmer No. 508

P. O. Address Miami, Okla

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.