

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

35582

State File No. ....

FILED NOV 9 - 1953

BIRTH NO. _____		REG. DIST. NO. <u>120</u>		PRIMARY REG. DIST. NO. <u>4194</u>		Registrar's No. <u>121</u>											
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).													
a. COUNTY <u>Gentry</u>		b. CITY (If outside corporate limits, write RURAL and give town)		a. STATE <u>Missouri</u>		b. COUNTY <u>Gentry</u>											
c. CITY (If outside corporate limits, write RURAL and give township)		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township)		d. STREET ADDRESS (If rural, give location)											
b. CITY OR TOWN <u>Albany</u>				OR TOWN <u>Albany</u>		<u>0380</u>											
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS													
3. NAME OF DECEASED (Type or Print)			a. (First)			b. (Middle)											
			<u>Blanche</u>			<u>Marie</u>											
			c. (Last)			4. DATE OF DEATH (Month) (Day) (Year)											
			<u>Robertson</u>			<u>Nov. 2, 1953</u>											
5. SEX		6. COLOR OR RACE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH		9. AGE (In years last birthday)		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.					
<u>Female</u>		<u>White</u>		<u>Married</u>		<u>3/6/1891</u>		<u>62</u>		<u>7</u> <u>27</u>							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country)				12. CITIZEN OF WHAT COUNTRY?					
<u>Housewife</u>								<u>Pattonsburg, Missouri</u>				<u>U.S.</u>					
13a. FATHER'S NAME				13b. MOTHER'S MAIDEN NAME				14. NAME OF HUSBAND OR WIFE									
<u>J. L. Justice</u>				<u>Barbara Justice</u>				<u>Albert T. Robertson</u>									
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.				17. INFORMANT'S SIGNATURE OR NAME				ADDRESS					
								<u>Albert T. Robertson, Albany, Mo.</u>									
18. CAUSE OF DEATH				MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH					
Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>								<u>1/2 hrs.</u>					
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES								<u>3 yrs.</u>					
				DUE TO (b) <u>Hypertension</u>													
				DUE TO (c)													
				II. OTHER SIGNIFICANT CONDITIONS								<u>2 yrs.</u>					
				Conditions contributing to the death but not related to the disease or condition causing death <u>Arteriosclerosis</u>													
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION								20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
												<u>331X</u>					
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)									
								<u>Albany, Mo.</u>									
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>Oct. 15, 1953</u> , to <u>Nov. 2, 1953</u> , that I last saw the deceased alive on <u>Nov. 2, 1953</u> , and that death occurred at <u>8:05 P. m.</u> , from the causes and on the date stated above.																	
23a. SIGNATURE (Degree or title)						23b. ADDRESS						23c. DATE SIGNED					
<u>C. J. Pray, M.D.</u>						<u>Albany, Mo.</u>						<u>11-4-53</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify)				24b. DATE				24c. NAME OF CEMETERY OR CREMATORY				24d. LOCATION (City, town, or county) (State)					
<u>Burial</u>				<u>11/4/53</u>				<u>McFall Cemetery</u>				<u>McFall Mo.</u>					
DATE REC'D BY LOCAL REG.				REGISTRAR'S SIGNATURE				25. FUNERAL DIRECTOR'S SIGNATURE				ADDRESS					
<u>Nov 4 1953</u>				<u>Maudie Williams</u>				<u>Albany, Mo.</u>				<u>Albany, Mo.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 18 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 me

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed.....

*Robert Brooks*

Licensed Embalmer No. 3329

P. O. Address Albany MO

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.