

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

State File No. **300**

FILED FEB 1 1954

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 73

| | | | |
|---|----------------------------------|--|---|
| 1. PLACE OF DEATH a. COUNTY Buchanan | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph | | c. LENGTH OF STAY (in this place) life | c. CITY OR TOWN St. Joseph d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 6505 King Hill Ave. | | e. STREET ADDRESS (If rural, give location) 6505 King Hill Ave. | |
| 3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) L. c. (Last) Robertson | | 4. DATE OF DEATH (Month) (Day) (Year) January 16, 1954 | |
| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed | 8. DATE OF BIRTH November 12, 1877 |
| 9. AGE (In years last birthday) 76 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret. farmer | 11. BIRTHPLACE (City and State or Foreign Country) Buchanan County, Missouri |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret. farmer | | 10b. KIND OF BUSINESS OR INDUSTRY farm | 11. BIRTHPLACE (City and State or Foreign Country) Buchanan County, Missouri |
| 12. CITIZEN OF WHAT COUNTRY? USA | | 13. FATHER'S NAME Benjamin F. Robertson | |
| 13a. FATHER'S NAME Benjamin F. Robertson | | 13b. MOTHER'S MAIDEN NAME Lucy B. Rice | 14. NAME OF HUSBAND OR WIFE Irene Belle |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | 16. SOCIAL SECURITY NO. unknown | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Louise Frank, 6505 King Hill, St. Joseph, |
| 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) CARCINOMA OF LUNG, RIGHT Carcinoma of Lung, Right DUE TO (b) HEART DISEASE XXXXXXXXXXXXXXXXXXXXXXXX DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. CARCINOMA OF PROSTATE | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 163x | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 21. ACCIDENT SUICIDE HOMICIDE (Specify) | |
| 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>6/4/51</u> , 19 <u> </u> , to <u>1/16/54</u> , 19 <u> </u> , that I last saw the deceased alive on <u>1/16/54</u> , 19 <u> </u> , and that death occurred at <u>8:50a.</u> m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <i>[Signature]</i> | | 23b. ADDRESS M. D. 708 FRANCIS, ST. JOSEPH, MO. | 23c. DATE SIGNED 1/18/54 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial | | 24b. DATE 1/18/1954 | 24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial | | 24b. DATE 1/18/1954 | 24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery |
| 24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri | | 25. FUNERAL DIRECTOR'S SIGNATURE Robert M. Allison | |
| DATE REC'D BY LOCAL REG. Jan 26, 1954 | | 25. FUNERAL DIRECTOR'S SIGNATURE Robert M. Allison | |

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed.....
James P. Hawkins

Licensed Embalmer No. 453

P. O. Address 317 So 10th

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.