

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

State File No. **541**

BIRTH NO. **FILED FEB 15 1954** REG. DIST. NO. **59** PRIMARY REG. DIST. NO. **5218** Registrar's No. **19**

1. PLACE OF DEATH a. COUNTY <b>Cass</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cass</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural- Big Creek</b>		c. LENGTH OF STAY (in this place) <b>15 yrs</b>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural- Big Creek</b>		0190	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3 1/2 miles S.W. Pleasant Hill</b>		d. STREET ADDRESS (If rural, give location) <b>3 1/2 miles S.W. Pleasant Hill</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Ethel Frances</b> b. (Middle) <b>Robertson</b> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <b>2-2-1954</b>		
5. SEX <b>female</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	
8. DATE OF BIRTH <b>3-23-1897</b>		9. AGE (in years last birthday) <b>55</b>		10. IF UNDER 1 YEAR: Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housekeeper</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Ottowa, Kansas</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>David Wornley</b>		13b. MOTHER'S MAIDEN NAME <b>Ann Spratt</b>	
14. NAME OF HUSBAND OR WIFE <b>Ernest B. Robertson</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Ernest B. Robertson</b>		17. ADDRESS <b>Pleasant Hill</b>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	

18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute coronary thrombosis</b>		<b>Instant</b>					
*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					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Arteriosclerotic heart disease 7 yrs</b>					
		DUE TO (c) <b>Tic doloreaux Lt</b>				<b>5 yrs</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>4-200</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <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 **Jan. 9, 1947**, to **Feb. 2, 1954**, that I last saw the deceased alive on **2-1-54**, 1954, and that death occurred at **6:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>W. Sheppard M.D.</b>		23b. ADDRESS <b>Pleasant Hill, Mo.</b>		23c. DATE SIGNED <b>2-3-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>2-4-1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Pleasant Hill Cem.</b>	
24d. LOCATION (City, town, or county) (State) <b>Pleasant Hill, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Allen Brownfield</b>		ADDRESS	

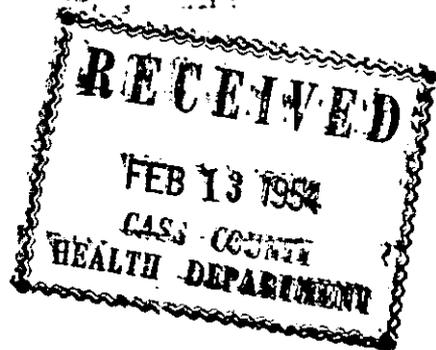
DATE REC'D BY LOCAL REG. <b>Feb 7 1954</b>		REGISTRAR'S SIGNATURE <b>Dora Carward</b>		457-0	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Allen Brownfield</b>		ADDRESS <b>Pleasant Hill, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

No. 300  
10.48

0190

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

*Allen Brown*

Licensed Embalmer No.

3785

P. O. Address

*Plains, Neb.*

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.