

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8422**

BIRTH NO. **FILED APR 8 1954** REG. DIST. NO. **140** PRIMARY REG. DIST. NO. **3024** Registrar's No. **275**

1. PLACE OF DEATH a. COUNTY Howard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Howard	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fayette	c. LENGTH OF STAY (in this place) 1 da.	c. CITY OR TOWN Fayette	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 Lee Hospital		e. STREET ADDRESS (If rural, give location) 403 W. Spring St.	

3. NAME OF DECEASED (Type or Print)	a. (First) Carlie	b. (Middle) B.	c. (Last) Robertson	4. DATE OF DEATH (Month) (Day) (Year) Mar. 22, 1954
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH Oct. 19, 1876	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months 5 Days 3	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and State or Foreign Country) Howard Co. Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Jasper Robertson	13b. MOTHER'S MAIDEN NAME Frances Silvey	14. NAME OF HUSBAND OR WIFE -----
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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. None	17. INFORMANT'S SIGNATURE OR NAME Mrs Cleve Maupin ADDRESS Fayette, Mo
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hours unknown
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic glomerulonephritis DUE TO (c)		
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 592X	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **March 21, 1954** to **March 22, 1954** that I last saw the deceased alive on **March 22, 1954**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Archie D. Dean (Degree or title) MD	23b. ADDRESS Fayette, Mo	23c. DATE SIGNED 24 March 1954
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/24/54	24c. NAME OF CEMETERY OR CREMATORY Pleasant Green Cemetery	24d. LOCATION (City, town, or county) (State) Howard Co. Mo
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DATE REC'D BY LOCAL REG. APR 8 1954	REGISTRAR'S SIGNATURE Edgar A. Budget	25. EXEMPT DIRECTOR'S SIGNATURE Falsh A. Carr ADDRESS Fayette, Mo
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(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.....

Licensed Embalmer No..... 33

P. O. Address..... Fayette

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.