

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

**9157**

State File No. ....

**FILED MAR 18 1954**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 54

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Jasper</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carthage</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carthage</u> <u>0493</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MC Cune-Brooks Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>1032 Poplar</u>	

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Ida</u> b. (Middle) <u>Jane</u> c. (Last) <u>Robertson</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>3-7-1954</u>		
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>12-13-1877</u>	<b>9. AGE</b> (In years last birthday) <u>76</u>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired)		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Housewife</u>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Rushville, Nebraska</u>	
<b>12. CITIZEN OF WHAT COUNTRY</b> <u>USA</u>					

<b>13a. FATHER'S NAME</b> <u>John Sears</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Sara ?</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Charles Robertson</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>No.</u>	<b>16. SOCIAL SECURITY NO.</b> <u>490-10-0808</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Charles Robertson</u>	<b>ADDRESS</b> <u>Carthage, Mo.</u>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Diabetes Mellitus (over 20 yrs.)</u>		
	<b>ANTECEDENT CAUSES</b> DUE TO (b) <u>terminal diabetic coma</u> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		DUE TO (c) _____	

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>260X</u>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that I attended the deceased from** 22 Feb '54, to 7 Mar '54, that I last saw the deceased alive on 7 Mar '54, and that death occurred at 10:30 a.m. from the causes and on the date stated above.

<b>23a. SIGNATURE</b> (Degree or title) <u>J. E. Byrd M.D.</u>	<b>23b. ADDRESS</b> <u>Carthage Missouri</u>	<b>23c. DATE SIGNED</b> <u>8 Mar '54</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>3-10-1954</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Park Cemetery</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Carthage, Missouri</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>3-9-54</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Lloyd B. Clinton</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Oulmer</u>	<b>ADDRESS</b> <u>Funeral Home Carthage, MO.</u>
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(Licensed Embalmers' Statement on Reverse Side)

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

No. 300  
10-48

MAR 17 1955

RECEIVED

Jasper County Health Office

County File Number 54-3-214

Date Filed MAR 17 1955

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 Edwin L. Johnson Jr.

Licensed Embalmer No. 2955

P. O. Address Bethany, 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.