

FILED APR 19 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **11281**BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **395**

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) St. Joseph		c. LENGTH OF STAY (in this place) 30 yrs.	
d. FULL NAME OF (If not in hospital or institution, give street address or location) 6401 Sherman St. (home)		e. STREET ADDRESS (If rural, give location) 6401 Sherman St.	
3. NAME OF DECEASED (Type or Print) a. (First) EDWARD		b. (Middle) M.	
c. (Last) ROBERTSON		4. DATE OF DEATH (Month) 4 (Day) 12 (Year) 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 12-2-1879
9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Sta. Engineer		10b. KIND OF BUSINESS OR INDUSTRY C.B. & Q. R.R.	
11. BIRTHPLACE (City and State or Foreign Country) Gainsville, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Narcissus Robertson			
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 Narcissus Robertson, 6401 Sherman		ADDRESS St. Joseph, Mo.	
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 St. Joseph, Mo.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Congestive Failure		INTERVAL BETWEEN ONSET AND DEATH Ukn.	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Vascular Disease		Ukn.	
DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Osteo & Rheumatoid Arthritis		Ukn.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4500.	
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)		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 9-24-1953 , to 4-12-1954 that I last saw the deceased alive on 4-11-54 , 19 54 , and that death occurred at 4:05A m., from the causes and on the date stated above.			
23a. SIGNATURE John S. Kirk MD		23b. ADDRESS Phy's & Surg's Bldg. St. Joseph, Mo.	
23c. DATE SIGNED 4-13-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-14-1954	
24c. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri	
DATE REC'D BY LOCAL REG. Apr. 17, 1954		REGISTRAR'S SIGNATURE Kathleen M. Allison	
25. FUNERAL DIRECTOR'S SIGNATURE John C. [Signature]		ADDRESS St. Joseph, Mo.	

(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 *Allen E. Bryan*.....

Licensed Embalmer No. *479*.....

P. O. Address *St. Joseph*.....

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.