

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15189

State File No. ....

FILED JUN 9 1954

BIRTH NO. .... REG. DIST. NO. 387 PRIMARY REG. DIST. NO. 5210 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <b>CARROLL</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Carroll</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Tina, RFD</b>	c. LENGTH OF STAY (In this place) <b>2 days</b>	c. CITY OR TOWN <b>Tina,</b>	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 <b>M.M. Trussell home,</b>		e. STREET ADDRESS (If rural, give location) <b>nort part of town. 6176</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>MATHEW</b> b. (Middle) <b>OTIS</b> c. (Last) <b>ROBERTSON</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>June 1st, 1954</b>					
5. SEX <b>M</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed,</b>	8. DATE OF BIRTH <b>May 5, 1875</b>	9. AGE (In years last birthday) <b>79</b>	IF UNDER 1 YEAR Months <b>no</b> Days <b>26</b>	IF UNDER 24 HOURS Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>same</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Kentucky</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			

13a. FATHER'S NAME <b>Gallatin Robertson</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Elizabeth Grant</b>	14. NAME OF HUSBAND OR WIFE <b>Elsie Evelyn (Miles)</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs M.M. Trussell, Bogard, Missouri</b>

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) <b>Cerebral</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>hemorrhage</b> DUE TO (c) <b>Emphysema</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 days</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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)	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 May 30, 1954 to June 1, 1954 that I last saw the deceased alive on June 1, 1954 and that death occurred at 9:00 PM, from the causes and on the date stated above.

23a. SIGNATURE (Print name or title) <b>M.M. Trussell</b>	23b. ADDRESS <b>Tina, Missouri</b>	23c. DATE SIGNED <b>6/2/1954</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>June 4, 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Coloma</b>	24d. LOCATION (City, town, or county) (State) <b>Tina, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>June 4, 1954</b>	REGISTRAR'S SIGNATURE <b>Mrs. Ray Henderson</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Clifford W. Austin, Tina, Missouri</b>
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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.....  
*Clifford W. Austin*

Licensed Embalmer No... 3233

P. O. Address..... Tina, Miss

**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.**