

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 5979 Registrar's No. 17246

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| 1. PLACE OF DEATH a. COUNTY <u>PLK</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Hickory</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Anna L. Johnson Township</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wheatland</u> | |
| c. LENGTH OF STAY (in this place) <u>1 year</u> | | d. STREET ADDRESS (If rural, give location) <u>N. Wheatland</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 1/2 miles west of Hemanville</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u> b. (Middle) <u>JACKSON</u> c. (Last) <u>Robertson</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 1-1954</u> |
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| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>Aug 23-1863</u> | 9. AGE (In years last birthday) <u>90</u> | IF UNDER 1 YEAR Months <u>9</u> Days <u>8</u> | 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) <u>FARMING</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Stock Farming</u> | 11. BIRTHPLACE (State or foreign country) <u>Tenn.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>Unknown</u> | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | 14. NAME OF HUSBAND OR WIFE <u>Elnora Maise</u> |
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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) <u>No</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>O. L. Robertson, Snick, Mo</u> | ADDRESS _____ |
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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 |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 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) <u>331 X</u> |
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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 5-19, 1954, to 6-1, 1954, that I last saw the deceased alive on 5-31, 1954, and that death occurred at _____ m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>D. E. A. Brown DO</u> | 23b. ADDRESS <u>Collins Mo</u> | 23c. DATE SIGNED <u>6-2-54</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>6-3-1954</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Summer Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Wheatland, Mo</u> |
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| DATE REC'D BY LOCAL REG. <u>June 4, 1954</u> | REGISTRAR'S SIGNATURE <u>Ralph Borden per Jewell Borden</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert Hathaway - Wheatland, Mo</u> | ADDRESS _____ |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 17 1954

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 Chas Gilbert Hethcote

Licensed Embalmer No. 4267

P. O. Address Wheatland, W. Va.

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.