

FILED JUN 14 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17767

BIRTH NO. _____ REG. DIST. NO. 375 PRIMARY REG. DIST. NO. 6283 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY WRIGHT		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY WRIGHT	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN ELK CREEK) c. LENGTH OF STAY (in this place) 84		c. CITY OR TOWN HARTVILLE d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION RURAL ELK CREEK		e. STREET ADDRESS (If rural, give location) RFD HARTVILLE	
3. NAME OF DECEASED (Type or Print) a. (First) GERITHA b. (Middle) ROBERTSON c. (Last) ROBERTSON		4. DATE OF DEATH (Month) (Day) (Year) MAY 22 1954	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 1-19-70
9. AGE (in years last birthday) 84 Months 4 Days 3		9. AGE (in years last birthday) 84 Months 4 Days 3	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOUSEWIFE	
11. BIRTHPLACE (City and State or Foreign Country) WRIGHT CO - MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME WALTER MIZELL		13b. MOTHER'S MAIDEN NAME HANNAH BAKER	
14. NAME OF HUSBAND OR WIFE ROY EMMERSON		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ROY EMMERSON ADDRESS HARTVILLE	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Infection of Leg ANTECEDENT CAUSES unhealed 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. 698X	
18. CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH 5 1/2 yrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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) (Min)		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 May 21, 1954 , to May 22, 1954 that I last saw the deceased alive on May 21, 1954 , and that death occurred at 3:45 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE J. R. Matt (Degree or title) MD		23b. ADDRESS Hartville Mo.	
23c. DATE SIGNED 6-1-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 5-23-1954	
24c. NAME OF CEMETERY OR CREMATORY DURBAN		24d. LOCATION (City, town, or county) (State) ELK CREEK MO.	
DATE RECD BY LOCAL REG. 6-8-54		REGISTRAR'S SIGNATURE B. J. Garner ADDRESS 346 J	
25. FUNERAL DIRECTOR'S SIGNATURE John S. Simpson		ADDRESS Hartville, Mo.	

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

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WRIGHT CO. HEALTH DEPT.
County File Number 654-64
Date Filed JUN 19 1967

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..... *R. W. Barber*

Licensed Embalmer No. 384

P. O. Address *Mt. Zion*

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.