

FILED DEC 13 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36636

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 5129		Registrar's No. 1263			
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) Rural, Platte Twp			c. LENGTH OF STAY (in this place) 39 yrs	c. CITY OR TOWN Gower		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: Gower				e. STREET ADDRESS (If rural, give location) 0110					
3. NAME OF DECEASED (Type or Print) a. (First) I DA			b. (Middle) A.		c. (Last) ROBERTSON		4. DATE OF DEATH (Month) (Day) (Year) NOV. 24, 1954		
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH Oct 2, 1872		9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10b. KIND OF BUSINESS OR INDUSTRY home		11. BIRTHPLACE (City and State or Foreign Country) Fairbury, Nebraska		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Unknown			13b. MOTHER'S MAIDEN NAME Inga Nelson		14. NAME OF HUSBAND OR WIFE John Robertson				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Perry Robertson, Gower, Missouri				ADDRESS	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion				INTERVAL BETWEEN ONSET AND DEATH 8 days	
				ANTECEDENT CAUSES DUE TO (b) Mitral dilatation				?	
				DUE TO (c) Aortic stenosis				?	
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 f211						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (i.e., No. of room, home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 Nov 14 19 54, to Nov 24 19 54, that I last saw the deceased alive on Nov 21 19 54, and that death occurred at 12:30A m., from the causes and on the date stated above.									
23a. SIGNATURE <i>W. B. Shalinski MD</i> (Degree or title)					23b. ADDRESS Plattsburg, Missouri		23c. DATE SIGNED 11-24-54		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Nov 26, 1954	24c. NAME OF CEMETERY OR CREMATORY Allen Cemetery		24d. LOCATION (City, town, or county) (State) Gower, Missouri				
DATE REC'D BY LOCAL REG. Dec 6, 1954		REGISTRAR'S SIGNATURE <i>Catherine M. Allison</i> 485-9		25. FEDERAL DIRECTOR'S SIGNATURE <i>John H. Murray</i>		ADDRESS Gower, Mo.			

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING 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. *Me* working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *John H. Murray*.....
Licensed Embalmer No. *280*

P. O. Address *Gower*.....

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.