

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

39939

State File No.

FILED DEC 14 1954

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 165

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>Vernon</u>	b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wash Township</u>	a. STATE <u>Missouri</u>	b. COUNTY <u>Jackson</u>
c. LENGTH OF STAY (in this place) <u>6 yrs</u>		c. CITY OR TOWN <u>Kansas City</u>	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 <u>State Hosp 3 Nevada Mo.</u>		f. STREET ADDRESS (If rural, give location) <u>8 528 Main St</u>	

3. NAME OF DECEASED			4. DATE OF DEATH		
a. (First) <u>ALBERT</u>	b. (Middle) <u>-</u>	c. (Last) <u>ROBERTSON</u>	(Month) <u>Dec</u>	(Day) <u>9</u>	(Year) <u>1954</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>widowed</u>	8. DATE OF BIRTH <u>Aug 18, 1882</u>		9. AGE (In years, last birthday) <u>72</u>
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) <u>Janitor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTH PLACE (City and State or Foreign Country) <u>Topeka Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>unknown</u>	13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>unknown</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Hospital Records</u>
		ADDRESS <u>Nevada Mo</u>

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		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gastric Hemorrhage</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Ulcer or Cancer</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Psychosis & cerebral arteriosclerosis</u>			

19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>none</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>578x</u>
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 April 8, 1948, to Dec 9, 1954, that I last saw the deceased alive on Dec 8, 1954, and that death occurred at 6:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Paul L. Barone, M.D.</u>	23b. ADDRESS <u>State Hosp 3 Nevada Mo</u>	23c. DATE SIGNED <u>Dec 9/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-10-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Hosp #3</u>
24d. LOCATION (City, town, or county) (State) <u>Nevada Mo</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Armas E. Ferry</u>	
DATE REC'D BY LOCAL REG. <u>12-10-54</u>	REGISTRAR'S SIGNATURE <u>Armas E. Ferry</u>	ADDRESS <u>Sherten Funeral Home Nevada Mo</u>

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.....
Richard P. Martin

Licensed Embalmer No. 453

P. O. Address.....
Nevada

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.