

1345555 THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7723

State File No.

DUNKLIN

FILED-APR 4 1955

BIRTH NO. REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY Dunklin			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Dunklin		
b. CITY (If outside corporate limits, write RURAL and give township) Kennett		c. LENGTH OF STAY (in this place) 1 Day	c. CITY OR TOWN Kennett Mo.		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 Dunklin Memorial Hospital			e. STREET ADDRESS (If rural, give location) Rt. 2		
3. NAME OF DECEASED (Type or Print) a. (First) Robert		b. (Middle) Michael	c. (Last) Robertson		4. DATE OF DEATH (Month) (Day) (Year) Mar/ 26- 1955
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) X 0	8. DATE OF BIRTH Mar. 25- 1955	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) X
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY X	11. BIRTHPLACE (City and State or Foreign Country) Kennett Mo. 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Robert Lewis Robertson		13b. MOTHER'S MAIDEN NAME Clara Robinson		14. NAME OF HUSBAND OR WIFE X	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) X	16. SOCIAL SECURITY NO. X	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Robert Robertson Kennett Mo. Rt. 22			
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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) At alectasis of Newborn ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Prematurity DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 10 hours.
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) 7625			
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 March 26, 1955, to March 26, 1955, that I last saw the deceased alive on March 26, 1955, and that death occurred at 9:15A m., from the causes and on the date stated above.					
23a. SIGNATURE George J. Hummer		(Degree or title) M.D. 0	23b. ADDRESS Kennett Mo		23c. DATE SIGNED 3/30/55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-27th-55	24c. NAME OF CEMETERY OR CREMATORY Oak Ridge Cemetery		24d. LOCATION (City, town, or county) (State) Kennett Mo.	
DATE REC'D BY LOCAL REG. 3-31-55	REGISTRAR'S SIGNATURE Carl Hummer		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Lentz Service Kennett Mo.		

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

RECEIVED DUNKLIN COUNTY

DEPARTMENT 4-1-5

COUNTY FILE NUMBER 455

STATEMENT BY LICENSED EMBALMER

Not Embalmed

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by Student Embalmer No.

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Edward P. ...*.....

Licensed Embalmer No. 443

P. O. Address *Kennett*

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