

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21846**

FILED AUG 8 - 1955

BIRTH NO. _____		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 2000		Registrar's No. 669					
1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY Christian			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. LENGTH OF STAY (in this place) township) 5 minutes		c. CITY OR TOWN Nixa		d. Is Residence within limits of a city (incorporated town)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION Springfield Baptist Hosp				e. STREET ADDRESS (If rural, give location) No Street Address				02261			
3. NAME OF DECEASED (Type or Print) a. (First) RALPH			b. (Middle) MILTON			c. (Last) ROBERTSON			4. DATE OF DEATH (Month) (Day) (Year) August 2, 1955		
5. SEX Male		6. COLOR (OR RACE) White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Oct. 5, 1905		9. AGE (In years last birthday) 49			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and State or Foreign Country) Republic, Missouri			12. CITIZEN OF WHAT COUNTRY? USA				
13a. FATHER'S NAME Fred Robertson			13b. MOTHER'S MAIDEN NAME Pearl Terry			14. NAME OF HUSBAND OR WIFE Freda Crumley					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or date of service) Unknown		17. INFORMANT'S SIGNATURE OR NAME Mrs. Pearl Robertson, Nixa, Mo.			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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probable Coronary Occlusion				INTERVAL BETWEEN ONSET AND DEATH			
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 4201							
				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						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) 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 XXXXXXXXXXXXXXXXXXXX 9:30 p.m. , that I last saw the deceased XXXXXXXXXXXXXXXXXXXX 9:30 p.m. , from the causes and on the date stated above.											
23a. SIGNATURE Edith Williams				Local Registrar (Type or title) Vital Statistics				23b. ADDRESS Springfield Mo		23c. DATE SIGNED 8/5/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 5, 1955		24c. NAME OF CEMETERY OR CREMATORY Jones Cemetery		24d. LOCATION (City, town, or county) (State) Nixa, Missouri					
DATE REC'D BY LOCAL REG. 8/5/55		REGISTRAR'S SIGNATURE Edith Williams			25. FUNERAL DIRECTOR'S SIGNATURE John Neal Harris			ADDRESS Clever, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 17 1955

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..... *John Dean Harris*

Licensed Embalmer No. *4390*

P. O. Address *Cleveland, Ohio*

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.