

FILED DEC 7 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 36637

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 167

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Trenton</u>		c. LENGTH OF STAY (in this place) <u>3 yrs.</u>	b. COUNTY <u>Grundy</u>
c. CITY OR TOWN <u>Trenton</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>SUSAN'S NURSING HOME</u>		e. STREET ADDRESS (If rural, give location) <u>1513 Chestnut St</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Isabella</u>	b. (Middle) <u>-</u>	c. (Last) <u>Robertson</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 10 1955</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept. 9, 1865</u>	9. AGE (In years last birthday) <u>90</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Perth, Scotland</u>	12. CITIZEN OF WHAT COUNTRY? <u>Naturalized U.S.A.</u>
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13a. FATHER'S NAME <u>Peter Low</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Duff</u>	14. NAME OF HUSBAND OR WIFE <u>Alexander Robertson (dec)</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Peter Robertson Trenton, MO</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. <u>4222</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from Mar 10, 1955 to Mar 10, 1955, that I last saw the deceased alive on Mar 10, 1955, and that death occurred at 8:15 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Oliver F. Duffy, M.D.</u>	23b. ADDRESS <u>Trenton Mo</u>	23c. DATE SIGNED <u>Mar 10, 1955</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov 12, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Honey Creek Chapel</u>	24d. LOCATION (City, town, or county) (State) <u>Danlap MO</u>
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DATE REC'D BY LOCAL REG. <u>11-12-55</u>	REGISTRAR'S SIGNATURE <u>J. H. Jones</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Harris Blackmon Trenton, MO</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *Harold I Roberts*.....

Licensed Embalmer No. *492*.....

P. O. Address *Leiston, Va*.....

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.