

0.300
0.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40240**

FILED DEC 28 1955

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **1144**

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Greene | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Greene | |
| b. CITY (If outside corporate limits, write RURAL and give township) Springfield | | c. CITY OR TOWN Springfield | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) App. 10 min | | e. STREET ADDRESS (If rural, give location) 1643 East Delmar | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) White Doing bus. Union Nat. Bank | | | |

| | | | | |
|---|----------------------------------|--|--|--|
| 3. NAME OF DECEASED (Type or Print) FRANK LUTHER ROBERTSON | | | 4. DATE OF DEATH December 20 1955 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Feb 14, 1885 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret President | | 10b. KIND OF BUSINESS OR INDUSTRY Wholesale Grocery Co | 11. BIRTHPLACE (City and State or Foreign Country) Springfield, Missouri | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | | |

| | | | | | |
|--|--|---|--|---|--|
| 13a. FATHER'S NAME James L. Robertson | | 13b. MOTHER'S MAIDEN NAME Mollie K. Sheeley | | 14. NAME OF HUSBAND OR WIFE Bess M Robertson (Pinkston) | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO | | 16. SOCIAL SECURITY NO. Unknown | | 17. INFORMANT'S SIGNATURE OR NAME Bess M Robertson, Springfield, Missouri | |

| | | | | | |
|--|--|---|--|---|--|
| 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) Coronary Thrombosis | | INTERVAL BETWEEN ONSET AND DEATH sudden | |
| 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. | | Diabetes Mellitus - 4201 Nephritis, subacute 3yr, 1-mo | |
| 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) | |
| 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? | |

22. I hereby certify that I attended the deceased from _____, 1954, to **Dec 20, 1955**, that I last saw the deceased alive on **Dec 14, 1955**, and that death occurred at **2:45P** m., from the causes and on the date stated above.

| | | | | | |
|--|--|---|--|--|--|
| 23a. SIGNATURE (Date or title) Amy Callaway MD | | 23b. ADDRESS Springfield MO | | 23c. DATE SIGNED 12/21/55 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE Dec 23, 1955 | | 24c. NAME OF CEMETERY OR CREMATORY Maple Park Cemetery | |
| | | 24d. LOCATION (City, town, or county) (State) Springfield, Missouri | | | |

| | | | | | |
|---|--|--|--|---|--|
| DATE REC'D BY LOCAL REG. 12-22-55 | | REGISTRAR'S SIGNATURE Edith Williamson | | FUNERAL DIRECTOR'S SIGNATURE Jewell E. Windle, Springfield MO | |
|---|--|--|--|---|--|

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 10 1956

JAN 11 1957

JAN 11 1957

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... Bernard F. Wright

Licensed Embalmer No. 42

P. O. Address Spring

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.