

FILED DEC 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHDR. P. MORTON
State File No. **40241**

BIRTH NO. _____		REG. DIST. NO. <u>128</u>	PRIMARY REG. DIST. NO. <u>2000</u>	Registrar's No. <u>1150</u>
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) OR TOWN SPRINGFIELD		c. LENGTH OF STAY (in this place) 3 DAYS	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"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOHN'S HOSP.		e. STREET ADDRESS (If rural, give location) 1260 E. CHEROKEE		
3. NAME OF DECEASED (Type or Print) a. (First) OPAL		b. (Middle) C.	c. (Last) ROBERTSON	
4. DATE OF DEATH (Month) (Day) (Year) DEC. 22 1955		5. SEX FEMALE		
6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH MARCH 23 1891
9. AGE (In years last birthday) 64		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOME		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) NASH, TEXAS
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME WILLIAM WILLEY		
13b. MOTHER'S MAIDEN NAME MISSISSIPPI BELLE (UNKNOW)		14. NAME OF HUSBAND/OR WIFE W.O. ROBERTSON (DEC		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NO		17. INFORMANT'S SIGNATURE OR NAME MRS. V.F. SEMMELBECK SPFLD. MO.
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction 20 hrs ANTECEDENT CAUSES Arterio sclerotic Heart Disease 10 yrs DUE TO (b) 1 yr DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4200		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT (Specify) SUICIDE		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 <u>Dec 13</u> , 19 <u>55</u> , to <u>22 Dec</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Dec 22</u> , 19 <u>55</u> , and that death occurred at <u>9:25 P.</u> from the causes and on the date stated above.				
23a. SIGNATURE Paul C Morton		23b. ADDRESS 1638 N Jefferson, Springfield Mo		23c. DATE SIGNED 12-23-55
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 12/29/55		24c. NAME OF CEMETERY OR CREMATORY ST. MARY'S CEMETERY
24d. LOCATION (City, town, or county) (State) SPRINGFIELD, MO.		25. FUNERAL DIRECTOR'S SIGNATURE Edith Williamson ADDRESS SPRINGFIELD, MO.		
DATE REC'D BY LOCAL REG. 12-23-55		REGISTRAR'S SIGNATURE Edith Williamson		

(Licensed Embalmer's Statement on Reverse Side)

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 *Lucian T. Sweeney*

Licensed Embalmer No. *487*

P. O. Address *Harling*

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.