

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41120

State File No.

FILED DEC 29 1955

BIRTH NO. _____		REG. DIST. NO. <u>155</u>		PRIMARY REG. DIST. NO. <u>3127</u>		Registrar's No. <u>176</u>	
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Wells City</u>		c. LENGTH OF STAY (in this place) <u>3 Days</u>		c. CITY OR TOWN <u>Joplin</u>		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>Jane Chism Hospital</u>				STREET ADDRESS (If rural, give location) <u>1201 Roosevelt Ave.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Maggie</u>			b. (Middle)		c. (Last) <u>Robertson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12-20-1955</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>10-25-1880</u>		9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 14 HRS. Hours _____ Min. _____
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 <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Clair Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>W. Green Coak</u>		13b. MOTHER'S MAIDEN NAME <u>Edna Clark</u>		14. NAME OF HUSBAND OR WIFE <u>Robert E. Robertson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>493-16-1045</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Robert E. Robertson 1201 Roosevelt Joplin Mo</u>			
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) <u>Anemia Respiratory Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Pulmonary Bronchogenic Carcinoma 2 yr.</u> DUE TO (c) <u>162X</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>24 hr</u>	
19a. DATE OF OPERATION <u>NONE</u>		19b. MAJOR FINDINGS OF OPERATION <u>NONE</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NONE</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>NONE</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>JOPLIN JASPER MO.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>NONE</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>NONE</u>			
22. I hereby certify that I attended the deceased from <u>FEB 20, 1955</u> , to <u>DEC 20, 1955</u> , that I last saw the deceased alive on <u>DEC 20, 1955</u> , and that death occurred at <u>5:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>D. E. Stephens M.D.</u>				23b. ADDRESS <u>211 W. 20th Joplin Mo.</u>		23c. DATE SIGNED <u>12-21-55</u>	
24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-22-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Mc Elhenny, MO</u>	
DATE REC'D BY LOCAL REG. <u>12-22-55</u>		REGISTRAR'S SIGNATURE <u>Mrs. Madeline Switzer</u>		25. FEDERAL DIRECTOR'S SIGNATURE ADDRESS <u>Shanell - Dillon Joplin, Mo</u>			

(Licensed Emballer's Statement on Reverse Side)

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

0.300
0.48

RECEIVED DEC 21 1955
Jesseper County Health Office
County File Number 5-13-897
Date Filed DEC 21 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 *David Nelson*

Licensed Embalmer No. 38

P. O. Address *Foplen, C*

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.