

FILED MAR 5 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7888

State File No. ....

BIRTH NO. .... REG. DIST. NO. 373 PRIMARY REG. DIST. NO. 4545 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>Webster</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Webster</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshfield</u>	c. LENGTH OF STAY (in this place) <u>Life</u>	c. CITY OR TOWN <u>Marshfield</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 (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Home-233 E. Jefferson</u>		e. STREET ADDRESS (If rural, give location) <u>233 E. Jefferson 1120</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u> b. (Middle) <u>-Henry-</u> c. (Last) <u>Robertson</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 23-1956</u>
---	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Mar. 22, 1876</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months <u>    </u> Days <u>    </u>	IF UNDER 24 HRS. Hours <u>    </u> Min. <u>    </u>
--------------------	-------------------------------	---	---------------------------------------	---	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>    </u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Producer of oil</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Webster County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
---	--	--	--

13a. FATHER'S NAME <u>Daniel Wesley Robertson</u>	13b. MOTHER'S MAIDEN NAME <u>Mattie Ann Shackelford</u>	14. NAME OF HUSBAND OR WIFE <u>Ada Robertson</u>
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>    </u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ada Robertson-Marshfield, Mo.</u>	ADDRESS <u>    </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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>3 weeks</u> <u>3 weeks</u> <u>1 year.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Congestion and acute edema</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Congestive heart failure</u> DUE TO (c) <u>Bronchial Pneumonia</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Rheumatoid arthritis</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>491X</u>	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) (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 May 24, 1955, to Feb 23, 1956, that I last saw the deceased alive on Feb 23, 1956, and that death occurred at 7:00 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. M. Macdonnell, MD.</u>	23b. ADDRESS <u>Marshfield, Mo.</u>	23c. DATE SIGNED <u>2/24/56</u>
---	-------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-24-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Marshfield</u>	24d. LOCATION (City, town, or county) (State) <u>Marshfield, Missouri.</u>
---	--------------------------	--	--

DATE REC'D BY LOCAL REG. <u>2-28-56</u>	REGISTRAR'S SIGNATURE <u>J. Francis</u> <u>392</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ray Family</u>	ADDRESS <u>Springfield, Missouri.</u>
---	--	--	---------------------------------------

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 \_\_\_\_\_  
Licensed Embalmer No. 3312  
P. O. Address Springfield,

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.