

FILED APR 3 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **11976**

BIRTH NO.		REG. DIST. NO. 319		PRIMARY REG. DIST. NO. 4469		Registrar's No. 22	
1. PLACE OF DEATH a. COUNTY STE. Genevieve				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY STE Genevieve			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN STE Genevieve		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN STE Genevieve		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 STE Genevieve Co Rest Home				e. STREET ADDRESS (If rural, give location) STE Genevieve REST HOME			
3. NAME OF DECEASED (Type or Print) a. (First) IDA		b. (Middle) MARK		c. (Last) ROBERTSON		4. DATE OF DEATH (Month) (Day) (Year) 3-26-56	
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH 5/5/1872	
9. AGE (In years last birthday) 83		IF UNDER 1 YEAR Months		IF UNDER 1 HR. Hours		Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (City and State or Foreign Country) A UNKNOWN		12. CITIZEN OF WHAT COUNTRY? USA.	
13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE Daniel Robertson			
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 ADDRESS Records STE Genevieve Rest Home			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis INTERVAL BETWEEN ONSET AND DEATH 5 yrs 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.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4222				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 Mar. 22, 1956 , to Mar 25, 1956 , that I last saw the deceased alive on _____, 19____, and that death occurred at 3 A. m., from the causes and on the date stated above.							
23a. SIGNATURE Arthur E. Spencer M.D. (Degree or title) C				23b. ADDRESS STE Genevieve Mo		23c. DATE SIGNED 3-27-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 3-26-56		24c. NAME OF CEMETERY OR CREMATORY BURGESS CEM.		24d. LOCATION (City, town, or county) (State) ANTONIA Mo.	
DATE REC'D BY LOCAL REG. 9 Mar. 31, 1956		REGISTRAR'S SIGNATURE Annelle Barber		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HEILIGTAG - IMPERIAL Mo.			

(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 *Arthur W. Hedington*
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Licensed Embalmer No.....

P. O. Address *Myer*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.