

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 25 1956

State File No. 18539

318

1003

4618

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____																							
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jefferson																									
b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis, Mo.		c. LENGTH OF STAY (in this place) 17 Days		c. CITY OR TOWN DeSoto		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>																							
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL				e. STREET ADDRESS (If rural, give location) 0-500																									
3. NAME OF DECEASED (Type or Print)			a. (First) Melvin			b. (Middle) Phillip			c. (Last) Robertson			4. DATE OF DEATH (Month) (Day) (Year) May 10, 1956																	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 8-30-1902		9. AGE (In years last birthday) 53		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HRS. Hours _____ Min. _____																	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter				10b. KIND OF BUSINESS OR INDUSTRY Decorating				11. BIRTHPLACE (City and State or Foreign Country) Vineland, Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.A.																		
13a. FATHER'S NAME John W. Robertson				13b. MOTHER'S MAIDEN NAME Christina Stroupe				14. NAME OF HUSBAND OR WIFE May Robertson																					
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. 343-05-7011				17. INFORMANT'S SIGNATURE OR NAME May Roberston, DeSoto, Missouri				ADDRESS _____																	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)												MEDICAL CERTIFICATION												INTERVAL BETWEEN ONSET AND DEATH					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arrhythmia												ANTECEDENT CAUSES												DUE TO (b) Myocardial Infarction		DUE TO (c) Arteriosclerotic Heart Disease		2 wks.	
*This does not mean the mode of dying, such as heart failure, athenia, etc. It means the disease, injury, or complication which caused death.												II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.												2 wks.		7 wks.			
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION 420.0								20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 April 23, 1956 , to May 10, 1956 , that I last saw the deceased alive on May 10, 1956 , and that death occurred at 5:40 P.M. , from the causes and on the date stated above.																													
23a. SIGNATURE C. P. Vermillion, M.D. (Degree or title) M. D.								23b. ADDRESS BARNES HOSPITAL				23c. DATE SIGNED 5/11/56																	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal				24b. DATE 5-13-1956				24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery				24d. LOCATION (City, town, or county) (State) DeSoto, Missouri																	
DATE REC'D BY LOCAL REG. MAY 12 1956				REGISTRAR'S SIGNATURE J. Lee Mothershead				25. FUNERAL DIRECTOR'S SIGNATURE J. Lee Mothershead, DeSoto, Mo.				ADDRESS _____																	

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 25 1956

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 *L R Cooper*.....

Licensed Embalmer No. *365*.....

P. O. Address *2317 1/2*.....

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.