

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

31636

State File No. _____

FILED SEP 24 1956.

BIRTH NO. _____		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>3052</u>		Registrar's No. <u>254</u>	
1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Sedalia</u>		c. LENGTH OF STAY (in this place) <u>50 yrs</u>		c. CITY OR TOWN <u>Sedalia</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 HOSPITAL OR INSTITUTION <u>1710 West 5th</u>				e. STREET ADDRESS (If rural, give location) <u>1710 West 5th 08040</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Howard</u>		b. (Middle) _____		c. (Last) <u>Robertson</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>Jan. 24 1891</u>	
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Labor</u>		9. AGE (in years last birthday) <u>65</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>	
11a. FATHER'S NAME <u>James C. Robertson</u>		11b. MOTHER'S MAIDEN NAME <u>Amanda Young</u>		11c. NAME OF HUSBAND OR WIFE <u>Zida Robertson</u>			
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (No, no, or unknown) <u>No</u>		14. SOCIAL SECURITY NO. <u>491-07-6215</u>		15. INFORMANT'S SIGNATURE OR NAME <u>Mrs Zida Robertson</u> ADDRESS <u>Sedalia</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>Congestive Heart Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Decompensating Heart</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fluid in Lungs</u>				INTERVAL BETWEEN ONSET AND DEATH <u>11 yrs</u> <u>11 yrs</u> <u>5 yrs</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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) _____		21f. HOW DID INJURY OCCUR? _____	
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 <u>Jan 10</u> , 19 <u>25</u> , to <u>Sept. 16</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>Sept 16</u> , 19 <u>56</u> , and that death occurred at <u>7 9</u> a. m., from the causes and on the date stated above.							
23a. SIGNATURE <u>H. J. Holden</u>				23b. ADDRESS (Degree or title) <u>400 1116 W 2nd Sedalia Mo</u>		23c. DATE SIGNED <u>9/17/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-18-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Highland Memorial Garden</u>		24d. LOCATION (City, town, or county) (State) <u>Sedalia Mo</u>	
DATE REC'D BY LOCAL REG. <u>9-20-56</u>		REGISTRAR'S SIGNATURE <u>Loama Brown, Deputy</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mc Laughlin Bros</u>		ADDRESS <u>Sedalia</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..... *K.P.M. Leary*

Licensed Embalmer No. *3193*

P. O. Address..... *Sedalia*

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.