

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 13 1956

State File No. **34759**
Registrar's No. **30**

BIRTH NO. _____		REG. DIST. NO. 207		PRIMARY REG. DIST. NO. 5755		Registrar's No. 30			
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).					
a. COUNTY Maries		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Jackson Twp.		c. LENGTH OF STAY (in this place) 38yrs.		d. FULL NAME OF HOSPITAL OR INSTITUTION Home			
a. STATE Mo.		b. COUNTY Maries		c. CITY OR TOWN Vienna, Mo.		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
e. STREET ADDRESS (If rural, give location) Jackson Twp.				0630					
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX			
a. (First) Rose	b. (Middle) Myrtle	c. (Last) Robertson	(Month) Nov.	(Day) 6,	(Year) 1956.	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		
8. DATE OF BIRTH Jan. 14, 1878		9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Months 9	Days 12	IF UNDER 24 HRS. Hours 	Mins. 		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeping			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Maries County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Peter Frey			13b. MOTHER'S MAIDEN NAME Sarah Shockley			14. NAME OF HUSBAND OR WIFE Frank Robertson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service)		17. INFORMANT'S SIGNATURE OR NAME Willard Robertson, Vienna, Mo.				ADDRESS	
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						INTERVAL BETWEEN ONSET AND DEATH 7 weeks.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		ANTECEDENT CAUSES							
DUE TO (b) Hypertension and arteriosclerosis		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.							
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						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 9-18-56 , 19___, to 11-6-56 , 19___, that I last saw the deceased alive on 11-3-56 , 19___, and that death occurred at 1:15P m. , from the causes and on the date stated above.							
23a. SIGNATURE D. C. Howard (Degree or title) D.O.			23b. ADDRESS Vienna, Missouri			23c. DATE SIGNED 11-7-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/8/56	24c. NAME OF CEMETERY OR CREMATORY Kenner Cemetery		24d. LOCATION (City, town, or county) (State) Maries County, Mo.				
DATE REC'D BY LOCAL REG. 11-8-56		REGISTRAR'S SIGNATURE Pauline Howard		25. FUNERAL DIRECTOR'S SIGNATURE Howard		ADDRESS Vienna, Mo.			

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

MAY 24 1953

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.....
H. C. Birmingham

Licensed Embalmer No. 3664

P. O. Address.....
Pinna

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.