

FILED DEC 10 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38741

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 207 PRIMARY REG. DIST. NO. 5756 Registrar's No. 36

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

1. PLACE OF DEATH a. COUNTY Maries		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Maries	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Jackson Twp.		c. CITY OR TOWN Vienna, Mo.	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) Life		e. STREET ADDRESS (If rural, give location) Vienna, Mo. Dixon Rt. 0630	
d. FULL NAME OF HOSPITAL OR INSTITUTION His Home			

3. NAME OF DECEASED (Type or Print) a. (First) Frank b. (Middle) Marion c. (Last) Robertson			4. DATE OF DEATH (Month) (Day) (Year) Dec. 3, 1956.		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH June 14, 1870.		9. AGE (In years last birthday) 86		IF UNDER 1 YEAR Months 4 Days 19	
IF UNDER 24 HRS. Hours Min. 		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	
11. BIRTHPLACE (City and State or Foreign Country) Maries County, Mo.			12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME Thomas Robertson		13b. MOTHER'S MAIDEN NAME Sally Ramsey		14. NAME OF HUSBAND OR WIFE Rose Robertson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Willard Robertson, Vienna, Mo.	

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) Chronic myocarditis and myocardial degeneration.		INTERVAL BETWEEN ONSET AND DEATH Years	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE (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) (Min.) _____		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 2-25-40, 1940, to 12-3-56, 1956, that I last saw the deceased alive on 12-1-56, 1956, and that death occurred at 2:00 A.m., from the causes and on the date stated above.

23a. SIGNATURE <i>D.C. Howard</i> (Degree or title) D.O.		23b. ADDRESS Vienna, Missouri		23c. DATE SIGNED 12-7-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/4/56		24c. NAME OF CEMETERY OR CREMATORY Kenner Cemetery	
24d. LOCATION (City, town, or county) (State) Maries County, Mo.					

DATE REC'D BY LOCAL REG. 12-8-56		REGISTRAR'S SIGNATURE <i>Pauline Howard</i>		FUNERAL DIRECTOR'S SIGNATURE <i>M. Birmingham</i>	
				ADDRESS Vienna, Mo.	

30712 18510

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 *M. O. Birmingham*

Licensed Embalmer No. *3664*

P. O. Address *Anniston*

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.