

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41044

State File No. \_\_\_\_\_

FILED DEC 9 - 1957

 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 4288 Registrar's No. 45

1. PLACE OF DEATH a. COUNTY <b>LINCOLN</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>LINCOLN</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL - BEDFORD</b>		c. LENGTH OF STAY (In this place) <b>MINUTES</b>	c. CITY OR TOWN <b>WINFIELD</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Rwy. #61 - 2 mi. so. of Troy</b>		f. STREET ADDRESS (If rural, give location) <b>Cherry St.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>LEO</b> b. (Middle) <b>ALVIE</b> c. (Last) <b>ROBERTSON</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 30, 1957</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b>	8. DATE OF BIRTH <b>Dec. 27, 1936</b>
9. AGE (In years last birthday) <b>20</b>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Utility worker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>McDonnell Aircraft</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Briscoe, Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Elba Robertson</b>	
13b. MOTHER'S MAIDEN NAME <b>Elizabeth Tillotson</b>		14. NAME OF HUSBAND OR WIFE <b>none</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>487-38-0788</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Elizabeth Robertson - Winfield, Mo.</b>		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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Multipule Skull Fractures</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Automobile Traumatism</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	
20. AUTOPSY? <b>2</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Hwy # 61</b>	
21c. (CITY, TOWN, OR TOWNSHIP) <b>Bedford Twp., Lincoln Missouri</b>		(COUNTY) (STATE)	
21d. TIME (Month) (Day) (Year) OF INJURY <b>Nov. 30, 1957 2:30</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>Car struck bridge abutment. Whitcomb Branch Bridge</b>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>2:30A.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Joseph J. Marsh CORONER 3</b>		23b. ADDRESS <b>351 Monroe St. Troy, Missouri</b>	
23c. DATE SIGNED <b>12/3/57</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Dec. 1, 1957</b>	
24c. NAME OF CEMETERY <b>New Salem</b>		24d. LOCATION (City, town, or county) (State) <b>RFD Winfield, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>DEC - 9 1957</b>		REGISTRAR'S SIGNATURE <b>Nell S. Schenkein</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>O'Carlan Ricks</b>		ADDRESS <b>Elsberry, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side).

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

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REC-11 1957

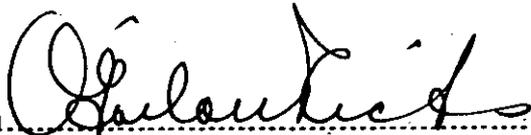
**STATEMENT BY LICENSED EMBALMER**

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 

Licensed Embalmer No. 4017

P. O. Address Elsberry, I

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.