

FILED JAN 30 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **710**

BIRTH NO. _____ REG. DIST. NO. **87** PRIMARY REG. DIST. NO. **5524** Registrar's No. **3**

1. PLACE OF DEATH a. COUNTY Crawford		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Crawford	
b. CITY (If outside corporate limits, write RURAL and give town) Bourbon-Rural-Boone	c. LENGTH OF STAY (in this place) 7 yrs	c. CITY OR TOWN Bourbon	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) AT Home		e. STREET ADDRESS (If rural, give location) 2 mi W of Bourbon on Hwy 66 RR #1	

3. NAME OF DECEASED (Type or Print) a. (First) William	b. (Middle) (None)	c. (Last) Robertson	4. DATE OF DEATH (Month) (Day) (Year) Jan 22 1958
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5. SEX male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Apr. 7-1994	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Month Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stock Raising	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and State or Foreign Country) Dundee Scotland	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME William Robertson	13b. MOTHER'S MAIDEN NAME Isabelle Cunningham	14. NAME OF WIFE (If living) Nina Goldie Pursell
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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. 446-36946	17. INFORMANT'S SIGNATURE OR NAME MRS Nina Robertson Bourbon Mo	ADDRESS
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18. NO 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Auricular fibrillation	INTERVAL BETWEEN ONSET AND DEATH instant
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) Rheumatic heart disease	years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	DUE TO (c)	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) 416X
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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?
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22. I hereby certify that I attended the deceased from **19 Dec 1957**, to **22 Jan 1958**, that I last saw the deceased alive on **19 Dec 1957**, and that death occurred at **5:20 pm.**, from the causes and on the date stated above.

23a. SIGNATURE Ronald Van Audell (Degree or title) M.D.	23b. ADDRESS Bourbon, Mo.	23c. DATE SIGNED 23 Jan 58
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-25-1958	24c. NAME OF CEMETERY OR CREMATORY Bourbon	24d. LOCATION (City, town, or county) (State) Bourbon Mo
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 1-25-58	FUNERAL DIRECTOR'S SIGNATURE Norman C. Hoover	ADDRESS Cuba Mo.
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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.....
Norman J. Laener

Licensed Embalmer No. *467*

P. O. Address *Cuba, Mo.*

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.