

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028968
STATE FILE NUMBER

Registration District No. 141 Primary Registration District No. 3025 Registrar's No. 55

FILED SEP 2 1958

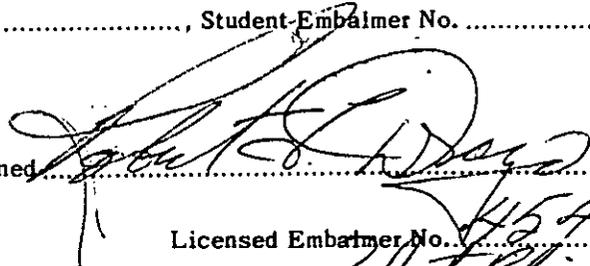
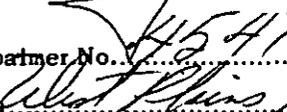
1. PLACE OF DEATH a. COUNTY <u>HOWELL</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>HOWELL</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>WEST PLAINS</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>WEST PLAINS</u> <u>0468</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>HOME</u> Length of stay in lb		d. STREET ADDRESS (If outside, give location) <u>211 W. MAIN</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED First Middle Last (Type or print) <u>DAVID PAIGE ROBERTSDN</u>			4. DATE OF DEATH Month Day Year <u>AUG 13 58</u>
5. SEX <u>M</u> <u>0</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>3/18/1897</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MUSICIAN</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>FUNERAL HOME</u>	9c. AGE (In years last birthday) <u>61</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MUSICIAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FUNERAL HOME</u>	10c. BIRTHPLACE (City and state or country) <u>IOWA</u>
11. BIRTHPLACE (City and state or country) <u>IOWA</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>FRED ROBERTSON</u>		13b. MOTHER'S MAIDEN NAME <u>ELLA ROBERTSON</u>	
14. NAME OF HUSBAND OR WIFE <u>DOROTHY ROBERTSON</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>9702</u>	
17. INFORMANT Address <u>Dorothy Robertson West Plains, Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Poisoning by Seconal</u> <u>323</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____			INTERVAL BETWEEN ONSET AND DEATH <u>8 hrs.</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>deceased found dead in bed with bottle containing seconal capsules near bed side nearly empty</u>		
20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m. <u>?</u> <u>?</u> <u>?</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>West Plains, Mo.</u>	
21. I attended the deceased from <u>1950</u> to <u>8/13/58</u> and last saw her/him alive on <u>8/12/58</u> Death occurred at <u>?</u> P. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Name, degree or title) <u>A. Callahan M.D.</u>		22b. ADDRESS <u>West Plains, Mo</u>	
22c. DATE SIGNED <u>8-15-58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>	23b. DATE <u>8/16/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Oak Lawn</u>	23d. LOCATION (City, town, or county) (State) <u>West Plains Mo.</u>
24. FUNERAL DIRECTOR <u>ROBERTSONS</u> ADDRESS <u>WEST PLAINS, MO.</u>		25. DATE RECD. BY LOCAL REG. <u>8-28-58</u>	
		26. REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>	

SEP 3 1958

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. 4541
P. O. Address 

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.