

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-031509
STATE FILE NUMBER

FILED AUG 26 1958

Registration District No. 352 Primary Registration District No. 4517 Registrar's No. 66

300
1-57

1. PLACE OF DEATH a. COUNTY Taney			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Taney		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Branson		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Dickens		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Skaggs Hosp.		Length of stay in lb 1 wk.	d. STREET ADDRESS (If outside, give location) Dickens		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last EVA LORA ROBERTSON			4. DATE OF DEATH Month Day Year Aug. 10, 1958		
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 25, 1878		9. AGE (In years last birthday) 79
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY housekeeping		11. BIRTHPLACE (City and state or country) Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME James M. Sullenger		13b. MOTHER'S MAIDEN NAME Margaret Curtis	
14. NAME OF HUSBAND OR WIFE deceased		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no		16. SOCIAL SECURITY NO. none	
17. INFORMANT Mrs William Jordan Topeka, Kansas		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage DUE TO (b) Rupture of large cerebral vessel DUE TO (c) Senescent arteriosclerosis 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 any 5 days 40.	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 331X			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		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
21. I attended the deceased from Aug 5th 1958 to Aug 10th 1958 and last saw her live on Aug 10th 1958 Died occurred at 4:15 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>[Signature]</i>		(Degree or title)		22b. ADDRESS Forsyth, Mo	
22c. DATE SIGNED 8-16-58		23a. BURIAL, CREMATION, OR REMOVAL (Specify) burial		23b. DATE 8/12/1958	
23c. NAME OF CEMETERY OR CREMATORY Dickens Cemetery		23d. LOCATION (City, town, or county) Dickens, Mo		(State)	
24. FUNERAL DIRECTOR W.S. Cobb Forsyth, Mo		25. DATE RECD. BY LOCAL REG. 8-22-58		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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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 *Walter S. Cobb*

Licensed Embalmer No. *4731*
P. O. Address *Jessyth,*

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.