URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS FEB 29 1960

60-007552
STATE FILE NUMBER

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 82

AMENDED

1. PLACE OF DEATH
a. COUNTY PETTIS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SEDALIA — Length of stay in 1b: 1 DAY
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BOTHWELL — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY PETTIS
c. CITY OR TOWN SEDALIA — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) R. F. D # 3 — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First OSCAR Middle ALDEN Last ROBERTSON
4. DATE OF DEATH: Month 2 Day 20 Year 1960
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: July 2-1920
9. AGE (last birthday): 39
IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): TRUCK DRIVER –
10b. KIND OF BUSINESS OR INDUSTRY: TRANSPORTION
11. BIRTHPLACE (City and state or country): SEDALIA MO.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: HOMER F. ROBERTSON
13b. MOTHER'S MAIDEN NAME: FLORA TERRELL
14. NAME OF HUSBAND OR WIFE: DOROTHY TEMPELTON ROBERTSON
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 497-12-5606
17. INFORMANT: D. W. Robertson Address: La Monte Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Ruptured Duodenal Ulcer — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Duodenal Ulcer — unknown
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Acute Gastritis
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 2-19-60 to 2-20-60 and last saw her/him alive on 2-20-60
Death occurred at Sedalia 2-20-60 4 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): A. R. Maddox, M.D.
22b. ADDRESS: Sedalia MO
22c. DATE SIGNED: 2-20-60

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 2-22-60
23c. NAME OF CEMETERY OR CREMATORY: McKEE CHAPEL CEMETERY
23d. LOCATION (City, town, or county) (State): SEDALIA MO
24. FUNERAL DIRECTOR: Paul M. Moore ADDRESS: La Monte Mo
25. DATE RECD. BY LOCAL REG.: 2-23-1960
26. REGISTRAR'S SIGNATURE: Frances Sheely

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Paul M. Moore

Licensed Embalmer No. 3923

P. O. Address La Monte Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co
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.