

REGISTRATION DISTRICT NO. 77 Primary Registration District No. 3016 Registrar's No. 157

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
FILED US MAY 6 1960

-60-014627
STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, give TOWNSHIP only): Jefferson City		c. CITY OR TOWN Jefferson City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 771 Clark Avenue		d. STREET ADDRESS (If outside, give location) 771 Clark Avenue	

3. NAME OF DECEASED (Type or print) First Middle Last JAMES RASS ROBERTSON			4. DATE OF DEATH Month Day Year May 2, 1960		
---	--	--	--	--	--

5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-5-1888	9. AGE (last birthday) 71	IF UNDER 1 YEAR Months 6 Days 28	IF UNDER 24 HR Hours Min.
-----------------------	----------------------------------	---	--------------------------------------	-------------------------------------	---	------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Maintenance Man - Mo. State Highway	10b. KIND OF BUSINESS OR INDUSTRY Bourbon, Mo.	11. BIRTHPLACE (City and state or country) Bourbon, Mo.	12. CITIZEN OF WHAT COUNTRY USA
---	--	---	---

13a. FATHER'S NAME K. Robertson	13b. MOTHER'S MAIDEN NAME Ellen Benson	14. NAME OF HUSBAND OR WIFE Cally Thomas Robertson
---	--	--

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. 483-28-8325	17. INFORMANT Address Mrs. Cally Robertson 771 Clark & C., Mo.
---	---	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Infection of myocardium		INTERVAL BETWEEN ONSET AND DEATH One wk 2 years
DUE TO (b) Arteriosclerotic Heart Disease		
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
---	--	--	--

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	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.)
--	---	--

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 5-6-57 to 5-3-60 and last saw ^{him} alive on 7/26/58 Death occurred at 8:15 pm on the date stated above, and to the best of my knowledge, from the causes stated.
--

22a. SIGNATURE (Degree or title) John J. Hawthorne, MD	22b. ADDRESS 302 Bolivar Jefferson City Mo	22c. DATE SIGNED 5-3-60
--	--	-----------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE May 4, 1960	23c. NAME OF CEMETERY OR CREMATORY Union Hill Cemetery	23d. LOCATION (City, town, or county) (State) Callaway Co., Mo.
--	---------------------------------	--	---

24. FUNERAL DIRECTOR ADDRESS Victor Brucher Jr Mo 3 May 1960	25. DATE RECD. BY LOCAL REG. 3 May 1960	26. REGISTRAR'S SIGNATURE R.P. Harris MD - Richter, Off.
--	---	--

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

VS MAY 23 1960

MAY 24 1960

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 Victor Buesch

Licensed Embalmer No. 370

P. O. Address Jamaica

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.