

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-009991

STATE FILE NUMBER

AMENDED

Registration District No. 267 Primary Registration District No. 5902 Registrar's No. 49

FILED APR 12 1961

|   |  |   |  |   |  |  |   |  |                                    |   |  |  |  |
|---|--|---|--|---|--|--|---|--|------------------------------------|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Pemiscot</u>  |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u>                 |  |  |   |  |                                    |   |  |  |  |
| b. CITY (if outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Hayti TWP</u>   |  | Length of stay in 1b<br><u>15 years</u>   |  | c. CITY OR TOWN <u>Hayti</u>  |  | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |   |  |                                    |   |  |  |  |
| c. FULL NAME OF (if NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Hayti Heights (South)</u>   |  |   | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |   | d. STREET ADDRESS (if outside, give location)<br><u>Rt. 1,</u> |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |                                    |   |  |  |  |
| 3. NAME OF DECEASED (Type or print)<br>First <u>Frank</u> Middle <u>ROBERTSON</u> Last  |  |   |  | 4. DATE OF DEATH<br>Month <u>March</u> Day <u>21</u> Year <u>1961</u>   |  |  |   |  |                                    |   |  |  |  |
| 5. SEX<br><u>Male</u>   |  | 6. COLOR OR RACE<br><u>Negro</u>  |  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> |  | 8. DATE OF BIRTH<br><u>2-23-1889</u>   |   | 9. AGE (last birthday)<br><u>72</u>  |                                    | IF UNDER 1 YEAR<br>Months <u>0</u> Days <u>28</u> |  | IF UNDER 24 HR<br>Hours <u></u> Min. <u></u> |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Farm Labor</u>  |  |   |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Farm</u>  |  | 11. BIRTHPLACE (City and state or country)<br><u>Fayette, Mississippi</u>            |   | 12. CITIZEN OF WHAT COUNTRY<br><u>U. S. A.</u>   |                                    |   |  |  |  |
| 13a. FATHER'S NAME<br><u>Tom Robertson</u>  |  |   |  | 13b. MOTHER'S MAIDEN NAME<br><u>Unknown</u>   |  |  |   | 14. NAME OF HUSBAND OR WIFE<br><u>Mae Ethel Robertson</u>  |                                    |   |  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>   |  |   |  | 16. SOCIAL SECURITY NO.<br><u>*****</u>   |  | 17. INFORMANT<br>Address<br><u>Mae Ethel Robertson, Rt. 1, Hayti, Mo.</u>            |   |  |                                    |   |  |  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:  |  |   |  |   |  |  |   |  |                                    | INTERVAL BETWEEN ONSET AND DEATH                  |  |  |  |
| IMMEDIATE CAUSE (a) <u>Strangulation</u>  |  |   |  |   |  |  |   |  |                                    | <u>5-10z</u>                                      |  |  |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  |  |   |  |   |  |  |   |  |                                    | DUE TO (b) <u>Bleeding from nose</u>              |  | <u>2-3 days</u>                              |  |
| DUE TO (c) <u>Hyper Tension Cardio Vascula Disease</u>  |  |   |  |   |  |  |   |  |                                    | <u>20-30z</u>                                     |  |  |  |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |                                    |   |  |  |  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" 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<br>Hour <u></u> a.m. <u></u> p.m. <u></u>   |  | Month, Day, Year  |  |   |  |  |   |  |                                    |   |  |  |  |
| 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 <u>March 21 1961</u> to <u>March 21 1961</u> and last saw him alive on <u>March 21 61</u><br>Death occurred at <u>6:00 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated. |  |   |  |   |  |  |   |  |                                    |   |  |  |  |
| 22a. SIGNATURE (Degree or title)<br><u>Carol Maldred J. W. P.</u>   |  |   |  |   |  | 22b. ADDRESS<br><u>Hayti, Missouri</u>   |   |  | 22c. DATE SIGNED<br><u>3-23-61</u> |   |  |  |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  |  | 23b. DATE<br><u>3-24-61</u>   |  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>St. Paul Cemetery</u>  |  | 23d. LOCATION (City, town, or county)<br><u>Pemiscot Co. Missouri</u>                |   | (State)  |                                    |   |  |  |  |
| 24. FUNERAL DIRECTOR<br><u>John W. German Fun. Home, Hayti, Mo.</u>   |  |   |  | ADDRESS   |  | 25. DATE RECD. BY LOCAL REG.<br><u>3-25-61</u>                                       |   | 26. REGISTRAR'S SIGNATURE<br><u>Charlotte E. Sloan</u>   |                                    |   |  |  |  |

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

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 me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed John W. German

Licensed Embalmer No. 4355

P. O. Address Hayti, Missouri.

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.