

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-031682

STATE FILE NUMBER

AMENDED

Registration District No. 374Primary Registration District No. 6272Registrar's No. 15

FILED SEP 6 1961

1. PLACE OF DEATH

a. COUNTY

Worth

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Allen TwpLength of stay in 1b
75 Yrsc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION $1\frac{1}{2}$ Mi East of Denver, MoInside Limits
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Worth

c. CITY OR TOWN Denver Mo

Inside Limits
Yes ☐ No ☒d. STREET ADDRESS (If outside, give location)
 $1\frac{1}{2}$ mi East of Denver, MoReside on Farm
Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

ROBERT

Middle

FRANKLIN

Last

ROBERTSON

4. DATE OF DEATH

Month

Day

Year

August 21 1961

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Mar 26, 1879

9. AGE (last birthday)

82

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)
Farming

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
Denver, Mo12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

D. F. Robertson

13b. MOTHER'S MAIDEN NAME

Patsy Walker

14. NAME OF HUSBAND OR WIFE

Neva Robertson

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No16. SOCIAL SECURITY NO.
498-40-7292

17. INFORMANT

Address

Mrs Neva Robertson Denver, 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)

Acute Myocarditis

INTERVAL BETWEEN ONSET AND DEATH
72 hrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Senile degeneration

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.

☐ Yes ☐ No ☐ Unknown19. 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, Year20d. 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 Jan 1960 to Aug 21, 1961 and last saw him alive on Aug 21, 1961
Death occurred at 2:00 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Dr. D. Miller D.O.

22b. ADDRESS

Gentry, Missouri

22c. DATE SIGNED
8/24/6123a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE

Aug 23, 1961

23c. NAME OF CEMETERY OR CREMATORY

Miller Cemetery

23d. LOCATION (City, town, or county)

Denver, Mo

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Hermit Boam

Denver, Mo

Aug. 30-1961

Keta E. Dawson

(Licensed Embalmer's Statement on Reverse Side)

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 John Andrews, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John Andrews

Licensed Embalmer No. 4211

P. O. Address Grant City Mo

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.