MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-021708
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 1070
2 1070-
3
4 1
5 2
6
7 0
8 2
9 541.0
10
11
12 1-0
13 4-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

Registration District No. 956 Primary Registration District No. 521 Registrar's No. 44

FILED MAY 22 1962

1. PLACE OF DEATH a. COUNTY Texas
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Houston — Length of stay in 1b: 4 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Texas County Mem. Hosp. — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 5mi. E Cabool — Reside on Farm Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Texas
c. CITY OR TOWN Cass twp. — Inside Limits Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: Minnie Middle: Elizabeth Last: Robertson
4. DATE OF DEATH Month 5 Day 15 Year 62
5. SEX female
6. COLOR OR RACE white
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 11/22/1891
9. AGE (last birthday) 70 — 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) housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Texas County, Mo.
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Melvin Rimel
13b. MOTHER'S MAIDEN NAME Rebecca Glenn
14. NAME OF HUSBAND OR WIFE
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. none
17. INFORMANT Earl Robertson, Taylor, Mich. Address

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) Stroke — INTERVAL BETWEEN ONSET AND DEATH: 3 days.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Bleeding Ulcer, duodenum — 2 wks.
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 ☐ 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 1959 to 5/15/62 and last saw her alive on 5/15/62
Death occurred at 3:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. L. Spears (Degree or title) M.D.
22b. ADDRESS Cabool, Mo
22c. DATE SIGNED 5/18/62

23a. BURIAL, CREMATION, REMOVAL (Specify) removal
23b. DATE 5/15/62
23c. NAME OF CEMETERY OR CREMATORY Pleasant Grove Cemetery
23d. LOCATION (City, town, or county) Texas County, Mo. (State)

24. FUNERAL DIRECTOR Elliott-Gentry, ADDRESS Cabool, Mo.
25. DATE RECD. BY LOCAL REG. 5-19-62
26. REGISTRAR'S SIGNATURE Myrtie Craig

(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 _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed James Gentry

Licensed Embalmer No. 4718

P. O. Address Calvert, Md.

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.