

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-002345

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 178 Primary Registration District No. \_\_\_\_\_ Registrar's No. 9

FILED FEB 13 1963

VS 300  
Rev. 4/59

1 0560

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Lewis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Knox</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>LEWISTOWN</b>		c. CITY OR TOWN <b>Knox City</b>	
Length of stay in lb <b>4 mo</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Prairie View Rest Home</b>		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>HATTIE BEATRICE ROBERTSON</b>			4. DATE OF DEATH <b>January 29, 1963</b>
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>20 Sept 1878</b>
9. AGE (last birthday) <b>84</b>		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) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Knox County</b>
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		14. NAME OF HUSBAND OR WIFE <b>Stephen H. Robertson</b>	
13a. FATHER'S NAME <b>Gibbs Parrish</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Jane Davis</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT <b>Mrs. Chester Eoff, Edina, Mo</b>		Address	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY)		INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <b>Cerebro-Vascular Accident</b>		<b>1 1/2 hours</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)	
DUE TO (c)		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Senility</b>	
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 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 Hour a.m. p.m. _____ 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 <b>30 Sept 62</b> to <b>29 Jan 63</b> and last saw her <sup>her</sup> <sub>him</sub> alive on <b>29 Jan 63</b> Death occurred at <b>7 AM.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>John W Will</b> D.O.		22b. ADDRESS <b>Lewis Four Mo.</b>	
22c. DATE SIGNED <b>29 Jan 63</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	
23b. DATE <b>31 Jan 1963</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Pleasant Ridge Cem.</b>	
23d. LOCATION (City, town, or county) <b>Knox County, Mo</b>		24. FUNERAL DIRECTOR <b>HUDSON-RIMER FUNERAL HOME'S Edina, Mo</b>	
25. DATE RECD. BY LOCAL REG. <b>2-5-'63</b>		26. REGISTRAR'S SIGNATURE <b>Mrs. Henry Lloyd</b>	

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**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 \_\_\_\_\_



Licensed Embalmer No. 5041

P. O. Address Edina, 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.