

FILED JUN 21 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 22362

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 110

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper MO</u>	
b. CITY (If outside corporate limits, write BURAL and give township) OR TOWN <u>Washington Twp</u>		c. CITY (If outside corporate limits, write BURAL and give township) OR TOWN <u>Jasper Mo</u>	
c. LENGTH OF STAY (In this place) <u>2</u>		d. STREET ADDRESS (If rural, give location) <u>123 West Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital #3</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Frank</u>	b. (Middle) <u>Robertson</u>	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>6-8-1949</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>3-25-1902</u>	9. AGE (In years last birthday) <u>47</u>	10. MONTH <u>2</u>	11. DAY <u>13</u>	12. HOURS <u></u>	13. MIN. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mechanic</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Automobile</u>	11. BIRTHPLACE (State or foreign country) <u>Stone County Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>Jasper Mo</u>
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13a. FATHER'S NAME <u>C. F. Robertson</u>	13b. MOTHER'S MAIDEN NAME <u>Louisa Hankins</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Frank Robertson</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Frank Robertson</u> ADDRESS <u>1235 N. Louis Jasper Mo</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>17 hrs to</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>General Paralysis of Insane</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>025X</u>	

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>✓</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from 6-1-1946, to 6-8-1949, that I last saw the deceased alive on 6-8-1949, and that death occurred at 630 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>J. Bunch, M.D.</u> (Degree or title)	23b. ADDRESS <u>State Hospital #3</u>	23c. DATE SIGNED <u>6-8-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 14-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hospital #3</u>	24d. LOCATION (City, town, or county) (State) <u>Nevada, Mo</u>
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DATE REC'D BY LOCAL (REG.) <u>June 18, 49</u>	REGISTRAR'S SIGNATURE <u>W. H. Hays</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Hays</u> ADDRESS <u>331 E. Main Nevada Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

108
80

RECEIVED

District Health Officer No. 71

District File Number 5-49-743

Date Filed 6-25-47

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.

Signed _____

Mark C. King

Signed _____

Student Embalmer

Licensed Embalmer No. _____

2656

P. O. Address _____

Nevada, 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 this body is not embalmed, fact should be so stated above.