No. 300
10.48

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

FILED JUL 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22498

BIRTH NO. _____ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 5005 Registrar's No. 350

1. PLACE OF DEATH
a. COUNTY: Bates
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Butler
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Butler Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Bates
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Amoret Missouri
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): William Kent
b. (Middle):
c. (Last): Robertson

4. DATE OF DEATH (Month): July (Day): 13 (Year): 49

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant

8. DATE OF BIRTH: July 10/49

9. AGE (In years last birthday): IF UNDER 1 YEAR Months: Days: 3 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): infant

10b. KIND OF BUSINESS OR INDUSTRY: infant

11. BIRTHPLACE (State or foreign country): Butler Bates Co. Mo,

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Frank Robertson

13b. MOTHER'S MAIDEN NAME: Dorothy Mae Engelhardt

14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): No.

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE OR NAME: Frank Robertson ADDRESS: Amoret Mo,

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Anoxemia — INTERVAL BETWEEN ONSET AND DEATH: 24 hours

ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Patent foramen Ovale — 24 hours

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*

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19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-10, 1949, *to* 7-13, 1949, *that I last saw the deceased alive on* 7-13, 1949, *and that death occurred at* 12-30 m. P.M. *from the causes and on the date stated above.*

23a. SIGNATURE: R. L. Hansen (Degree or title): M D

23b. ADDRESS: Butler Missouri

23c. DATE SIGNED: 7/14/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 7/14/49

24c. NAME OF CEMETERY OR CREMATORY: Oakhill Cemetery

24d. LOCATION (City, town, or county) (State): Butler Missouri

DATE REC'D BY LOCAL REG.: July 14-49

REGISTRAR'S SIGNATURE: Randall Gray M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Booth Funeral Home-Butler Missouri

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 6:49:826
Date Filed 7:20:49

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 .....
Student Embalmer

Signed Robert D. Steinbach

Licensed Embalmer No. 4657

P. O. Address Butler 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.