

FILED AUG 29 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26374

BIRTH NO. _____ REG. DIST. NO. 58 PRIMARY REG. DIST. NO. 5214 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <u>Carter</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Carter</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hunter</u>	c. LENGTH OF STAY (in this place) <u>5 yr</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hunter</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>own home</u>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Berttie</u> b. (Middle) <u>L.</u> c. (Last) <u>Robertson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 8 49</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Aug 7 - 1900</u>	9. AGE (in years last birthday) <u>49</u> OF UNDER 1 YEAR: Months _____ Days _____ Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Ark.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>unknown</u>	13b. MOTHER'S MAIDEN NAME <u>unknown</u>	13c. NAME OF HUSBAND OR WIFE <u>G.W. Robertson</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>James W. West 468 West 8th St. St. Louis</u>

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>4/4/49</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>heart failure</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterial hypertension</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from about, 1949, to , 19 , that I last saw the deceased alive on , 19 , and that death occurred at about 3: a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Seaton Pewitt Cor. 3</u>	23b. ADDRESS <u>Van Buren Mo.</u>	23c. DATE SIGNED <u>8-8-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-10-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hunter</u>
24d. LOCATION (City, town, or county) (State) <u>Hunter Mo.</u>		
DATE REC'D BY LOCAL REG. <u>8-19-49</u>	REGISTRAR'S SIGNATURE <u>Miss Octa Heyson</u>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Seaton Pewitt Van Buren</u>

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

RECEIVED 8/22/49
District Health Officer No. 5,
District File Number 849578
Date Filed 8/24/49

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.

Signed Seaton Perwit

Signed _____
Student Embalmer

Licensed Embalmer No. 2287

P. O. Address Van Buren m

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.