

FILED OCT 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33093

State File No. 07115

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>07115</u>			
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <u>Mo</u>				b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St Joseph 2</u>		c. LENGTH OF STAY (In this place) <u>2 yrs 10 mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural 315</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital # 2</u>				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Savannah E.</u>			b. (Middle) _____			c. (Last) <u>Robertson</u>			
4. SEX <u>Female</u>			6. COLOR OR RACE <u>White</u>			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)			
5. DATE OF DEATH (Month) (Day) (Year) <u>10 17 1949</u>			8. DATE OF BIRTH <u>About 1865</u>			9. AGE (In years last birthday) (If under 1 year: Months Days) (If under 4 hrs: Hours Min.) <u>84 Yrs</u>			
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 <u>at home</u>			11. BIRTHPLACE (State or foreign country) <u>Henry Co Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>America</u>	
13a. FATHER'S NAME <u>Huben Baldock</u>			13b. MOTHER'S MAIDEN NAME <u>Martha Culp</u>			14. NAME OF HUSBAND OR WIFE <u>Eli Robertson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. (If yes, give war or dates of service)		17. INFORMANT'S SIGNATURE OR NAME <u>F.M. Robertson</u>				ADDRESS <u>St Joseph Mo</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, arthritis, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Brain hemorrhage</u>						INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral arteriosclerosis 20 yrs</u>						331X	
		DUE TO (c) _____							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senile deterioration 2 yrs +</u>						2 Yrs +	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>		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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>!</u>					
22. I hereby certify that I attended the deceased from <u>Nov 15, 1948</u> , to <u>10-12, 1949</u> , that I last saw the deceased alive on <u>10-11, 1949</u> , and that death occurred at <u>10 P m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Name or title) <u>E. Cassins M.D.</u>				23b. ADDRESS <u>St Joseph Mo. State Hospital # 2</u>		23c. DATE SIGNED <u>10-13-1949</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-15-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Grandview</u>		24d. LOCATION (City, town, or county) (State) <u>Albany Mo</u>			
DATE REC'D BY LOCAL REG. <u>Oct 17, 1949</u>		REGISTRAR'S SIGNATURE <u>E. B. Jenkins</u>		382		25. FUNERAL DIRECTOR'S SIGNATURE <u>Heaton-Bowman Funeral Home</u>			
						ADDRESS <u>St Joseph Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10:48

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 Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 319 So 10th St. Joseph, 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.