No. 300
10.48

FILED FEB 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1341

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 357

1. PLACE OF DEATH
a. COUNTY Jackson 1-10-50
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kansas City Mo.
c. LENGTH OF STAY (in this place) 1-24-50
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Menorah Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Kansas
b. COUNTY Johnson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kansas City, "Rural" 8150
d. STREET ADDRESS (If rural, give location) 6035 High Drive

3. NAME OF DECEASED (Type or Print) a. (First) Hattie b. (Middle) Virginia c. (Last) Robertson

4. DATE OF DEATH (Month) 1 (Day) 24 (Year) 50

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH May 25 1869
9. AGE (In years last birthday) 80 Years — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home
10b. KIND OF BUSINESS OR INDUSTRY --
11. BIRTHPLACE (State or foreign country) Ozark, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Michael Graber
13b. MOTHER'S MAIDEN NAME Kate Forrester
14. NAME OF HUSBAND OR WIFE Lon E. Robertson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ---
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Mrs. B.E. Meyer ADDRESS 6035 High Drive

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) Acute Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension Cardiovascular disease — 5 yrs
DUE TO (c) Arteriosclerosis, generalized — 20 yrs

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

443X

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 1/1 *19*49*, to* 1/24 *, 19*50*, that I last saw the deceased alive on* 1/23 *, 19*50*, and that death occurred at* 6 25 A *m., from the causes and on the date stated above.*

23a. SIGNATURE Morris Statland (Degree or title) Morris Statland M.D.
23b. ADDRESS 1406 Bryant Bldg. K.C., Mo
23c. DATE SIGNED 1/24/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Jan. 24 1950
24c. NAME OF CEMETERY OR CREMATORY Maple Park Cemetery
24d. LOCATION (City, town, or county) Springfield (State) Missouri

DATE REC'D BY LOCAL REG. 1-24-50
REGISTRAR'S SIGNATURE Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE O.H. Newcomer's Sons
ADDRESS 1331 Brush Creek Kansas City Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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 Bernard L. Doran

Licensed Embalmer No. 4250

P. O. Address N. C. 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.