

FILED AUG 21 1950

STANDARD CERTIFICATE OF DEATH

State File No. **27821**  
Registrar's No. **110**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **282** PRIMARY REG. DIST. NO. **3055**

1. PLACE OF DEATH a. COUNTY <b>Folk</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Folk</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Bolivar</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Bolivar Rural Township</b>	
c. LENGTH OF STAY (in this place) <b>Just</b>		d. STREET ADDRESS (If rural, give locality) <b>1 1/2 Miles North of Bolivar</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Foster Building</b>			
3. NAME OF DECEASED a. (First) <b>Gene</b> b. (Middle) <b>Wesley</b> c. (Last) <b>Robertson</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July 31, 1950</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Mar 24, 1898</b>
9. AGE (In years last birthday) <b>52</b>		UNDER 1 YEAR Months <b>4</b> Days <b>7</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of lifetime, even if retired) <b>Stock Dealer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Stock Buying</b>	11. BIRTHPLACE (State or foreign country) <b>Aldrich Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>George F. Robertson</b>		13b. MOTHER'S MAIDEN NAME <b>Katie B. Mosier</b>	14. NAME OF HUSBAND OR WIFE <b>Addie E. Robertson</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no none</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Addie E. Robertson</b>
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac arrest</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arricular Fibrillation</b> DUE TO (c) <b>Coronary thrombosis</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Obesity</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <b>4201</b>	
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)	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 <b>July 2, 1950</b> , to <b>July 31, 1950</b> , that I last saw the deceased alive on <b>July 30, 1950</b> , and that death occurred at <b>1:30 P.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>W. E. Barnett M.D.</b>		23b. ADDRESS <b>Bolivar Mo.</b>	23c. DATE SIGNED <b>8-2-50</b>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>Aug 2, 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Greenwood Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Bolivar, Mo.</b>
DATE REC'D BY LOCAL REG. <b>Aug. 2, 1950</b>		REGISTRAR'S SIGNATURE <b>Ralph Gordon</b>	
FUNERAL DIRECTOR'S SIGNATURE <b>James L. Gordon</b>		ADDRESS <b>Bolivar, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

2841  
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DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED AUG 10 1950  
Dist. File 850-920  
Date Filed 8-15-50

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 \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Student Embalmer No.....  
Signed *W. J. Lester*  
Licensed Embalmer No. 4154  
P. O. Address Bolivar, 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.