

FILED NOV 6 1950

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 35954

Scott's  
Cramer  
1-270

BIRTH NO. 766-20-50 REG. DIST. NO. 356 PRIMARY REG. DIST. NO. 4521 Registrar's No. 90

1. PLACE OF DEATH a. COUNTY <u>Texas</u>		2. USUAL RESIDENCE (Where deceased lived; If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Wright</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Houston</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Ben Davis</u>	
c. LENGTH OF STAY (If in this place) <u>3 hrs.</u>		d. STREET ADDRESS (If rural, give location) <u>Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Floyd</u>		b. (Middle) <u>Wesley</u>	
c. (Last) <u>Robertson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 22, 1950</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH
9. AGE (In years last birthday) <u>0</u>		IF UNDER 1 YEAR Months <u>11</u> Days	
IF UNDER 15 HRS. Hours <u>0</u> Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Virgil Robertson</u>	
13b. MOTHER'S MAIDEN NAME <u>Esther Lindaman</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give year or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Virgil Robertson</u>		ADDRESS <u>Ben Davis, 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, asthma, etc. It means the disease, injury, or complication which caused death.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Basal fracture skull with intracranial hemorrhage.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs.</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		<u>E 9070</u> <u>21</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Possible hydrocephalus and mongolism.</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>107</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>	
21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Ben Davis Texas Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>10-23-50 10PM.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>fell out of bed</u>			
22. I hereby certify that I attended the deceased from <u>10:30 pm to 12 pm</u> , 19 <u>50</u> , to <u>10-23</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>10-23</u> , 19 <u>50</u> , and that death occurred at <u>12 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Scott L. Kramer M.D.</u>		23b. ADDRESS <u>Houston, Mo</u>	
23c. DATE SIGNED <u>10-31-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 25, 1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Rock Springs</u>		24d. LOCATION (City, town, or county) (State) <u>Ben Davis, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Oct. 31, 50</u>		REGISTRAR'S SIGNATURE <u>Myrtle Craig 327</u>	
25. GENERAL DIRECTOR'S SIGNATURE <u>Russell Barker, M.D.</u>		ADDRESS <u>Mtn. Grove</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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

RECEIVED NOV 2 1950  
Dist. File 1150-2222

Date Filed 1-2-50

**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.

Student .....  
Student Embalmer

Signed *Russell Barber*  
Student Embalmer No. ....

Licensed Embalmer No. *3848*

P. O. Address *Mtn Grove*

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.