

FILED APR 26 1951 STANDARD CERTIFICATE OF DEATH

State File No. 13339

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 235 PRIMARY REG. DIST. NO. 3817 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>Morgan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Morgan</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Rural, Mill Creek</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Mill Creek</u>	
c. LENGTH OF STAY (In this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>1 Mile East Syracuse</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 Mile East Syracuse</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Heneritta</u> b. (Middle) <u>Robertson</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>4/2/1951</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>3/10/1861</u>	9. AGE (In years last birthday) <u>90</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of the life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Morgan County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Charles Mc Neal</u>		13b. MOTHER'S MAIDEN NAME <u>Lusina Fowler</u>		14. NAME OF HUSBAND OR WIFE <u>William Robertson (Dead)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Chas. Nichols (Daughter)</u>	
				ADDRESS <u>Syracuse 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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Ischemy &amp; Complications</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 Years</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Anemia, Scurvy</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		19b. MAJOR FINDINGS OF OPERATION <u>4222</u>		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)		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 Dec 2, 1950, to June 31, 1951, that I last saw the deceased alive on May 31, 1951, and that death occurred at 9:15A m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>		23b. ADDRESS <u>Syracuse, Mo</u>		23c. DATE SIGNED <u>4-2-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/4/1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Syracuse Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Syracuse, Mo</u>	

DATE REC'D BY LOCAL REG. <u>4-20-51</u>		REGISTRAR'S SIGNATURE <u>Myrtle Hotsenpiller</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Jessie E. Richard</u>	
				ADDRESS <u>Syracuse Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 4-25-51

DISTRICT HEALTH OFFICE No. 3

District File Number .....

Date Filed 4-25-51 .....

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 *Jesse E. Richard* .....

Licensed Embalmer No. *2466* .....

P. O. Address *Lipton, 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.