

FILED JUL 10 1951

STANDARD CERTIFICATE OF DEATH

State File No. 21754  
Registrar's No. 1327

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 30721

1. PLACE OF DEATH a. COUNTY <b>Saline</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Saline</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Marshall</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Marshall</b>	
c. LENGTH OF STAY (In this place) <b>2 hours</b>		d. STREET ADDRESS (If rural, give location) <b>Viking hotel, I07 N.Lafayette</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Mayme</b> b. (Middle) _____ c. (Last) <b>Robertson</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 6th, 1951.</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Feb. 29, 1878</b>
9. AGE (In years last birthday) <b>73</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
10a. USUAL OCCUPATION	10b. KIND OF BUSINESS OR INDUSTRY <b>Own home</b>	11. BIRTHPLACE	
13a. FATHER'S NAME <b>Benjamin Robertson</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	
14. NAME OF HUSBAND OR WIFE -----		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Miss Dean Robertson, Marshall, Mo.</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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	
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) <b>4201</b>	
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 5 - 1951</b> , to <b>July 6 - 1951</b> , that I last saw the deceased alive on <b>July 6 - 1951</b> , and that death occurred at <b>10 A</b> m., from the causes and on the date stated above.	
23a. SIGNATURE <b>John R Lawrence M.D.</b>		23b. ADDRESS <b>Marshall, Mo.</b>	
23c. DATE SIGNED <b>July 6, 1951</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>July 7, 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Ridge Park cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Marshall Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Campbell-Lewis</b>	
DATE REC'D BY LOCAL REG. <b>July 6 1951</b>		REGISTRAR'S SIGNATURE <b>Budney J. Gray</b>	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS <b>Marshall, Mo.</b>	

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

**RECEIVED** 7-9-51

DISTRICT HEALTH OFFICE No. 3

District No. \_\_\_\_\_

Date \_\_\_\_\_ 7-9-51 \_\_\_\_\_

AUG 26 1951

**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 Embalmer No. ....

Signed.....  
Student Embalmer

Signed *Ames H. Lewis Jr.*

Licensed Embalmer No. *4709*

P. O. Address *Marshall, 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.