S. No. 300
v. 10-48

0051

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

FILED JUN 16 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19305

State File No.

BIRTH NO. REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 3003 Registrar's No. 44

1. PLACE OF DEATH
a. COUNTY: Barry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Monett
c. LENGTH OF STAY (In this place): 10 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 407 East Cale

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Barry 0051
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Monett O
d. STREET ADDRESS (If rural, give location): 407 East Cale

3. NAME OF DECEASED (Type or Print)
a. (First): Bertha
b. (Middle): Louella
c. (Last): Robberson

4. DATE OF DEATH (Month) (Day) (Year): June 13 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: August 25, 1878
9. AGE (In years last birthday): 73 — If under 1 year: Months 9, Days 18 — If under 1 day: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Barry County O
12. CITIZEN OF WHAT COUNTRY?: U. S.

13a. FATHER'S NAME: William Rogers
13b. MOTHER'S MAIDEN NAME: Laura Atkinson
14. NAME OF HUSBAND OR WIFE: Thomas R. Robberson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Elbert Terry
ADDRESS: Monett, Mo.

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): Myocardial degeneration — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension — 10 yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Hemiplegia — 4 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4 4 3X
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* July, 1942, *to* June 13, 1952, *that I last saw the deceased alive on* June 12, 1952, *and that death occurred at* 5:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title): Frank Ker MD
23b. ADDRESS: Monett Mo.
23c. DATE SIGNED: 6-14-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 15, 1952
24c. NAME OF CEMETERY OR CREMATORY: Purdy Cemetery
24d. LOCATION (City, town, or county) (State): Purdy Mo.

DATE REC'D BY LOCAL REG.: June 14, 1952
REGISTRAR'S SIGNATURE: Oliver A. Warrington
25. FUNERAL DIRECTOR'S SIGNATURE: Mercer Funeral Home
ADDRESS: Monett, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Roy H. Mercer

Licensed Embalmer No. 4432

P. O. Address Monett, 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.