

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38344

State File No.

FILED DEC 1 1952

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1048

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>	
c. LENGTH OF STAY (In this place) <u>2 days</u>		d. STREET ADDRESS (If rural, give location) <u>1471 East Walnut</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Burge Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>DANIEL</u>		b. (Middle) <u>A.</u>	
c. (Last) <u>ROBERTSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>November 24 1952</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 3, 1874</u>
9. AGE (In years last birthday) <u>78</u>		10. MONTHS <u>1</u>	11. DAYS <u>18</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret Owner Roofing Co.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Roofing Co. (Bldg)</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Marshfield, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>D W Robertson</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Mrs Mary Robertson</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 ADDRESS <u>Mrs Mary Robertson, Springfield, 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic glomerulonephritis</u> <u>Arteriosclerotic nephrosclerosis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) <u>446 X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <u>11-17</u> , 19 <u>52</u> , to <u>11-24</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>11-24</u> , 19 <u>52</u> , and that death occurred at <u>6:30P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>B. Lemmon</u>		23b. ADDRESS (Degree or title) <u>MD Springfield</u>	
23c. DATE SIGNED <u>11-25-52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>11/26/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maple Park Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Springfield, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Alma Dohmeyer, Springfield, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>11-26-52</u>		REGISTRAR'S SIGNATURE <u>Edith Williamson Register</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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Len
R.

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 Bernard F. Wright

Licensed Embalmer No. 4293

P. O. Address Springfield

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.