

5. No. 300  
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38404**

FILED NOV 26 1952

BIRTH NO. _____		REG. DIST. NO. <u>132</u>		PRIMARY REG. DIST. NO. <u>3021</u>		Registrar's No. <u>163</u>			
1. PLACE OF DEATH a. COUNTY <u>GRANDY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>HARRISON</u>					
b. CITY OR TOWN <u>TRENTON</u>		c. LENGTH OF STAY (in this place) <u>10 days</u>		c. CITY OR TOWN <u>GILMAN CITY</u> <u>0411</u>		d. STREET ADDRESS (If rural, give location) <u>/</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CWIDDERS HOSPITAL</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>JULIA</u>			b. (Middle) <u>ROVIN</u>		c. (Last) <u>ROBERTSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11 15 1952</u>		
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>7-19-1885</u>		9. AGE (in years last birthday) <u>67</u> <u>3</u> <u>26</u>	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>GRANDY CO. MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>HIRSHAM COLE</u>			13b. MOTHER'S MAIDEN NAME <u>ANN MENDALL</u>			14. NAME OF HUSBAND OR WIFE <u>William S. 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>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>William Robertson - Gilman City, Mo.</u> ADDRESS				
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>Carcinoma of the Liver</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) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>5616 mos.</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>1561</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 <u>Nov. 7</u> , 1952, to <u>Nov. 15</u> , 1952, that I last saw the deceased alive on <u>Nov. 15</u> , 1952, and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE <u>C. H. Cullers</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Trenton, Mo.</u>			23c. DATE SIGNED <u>11-17-52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-17-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Christian Union</u>		24d. LOCATION (City, town, or county) (State) <u>Harrison Co. Mo.</u>			
DATE REC'D BY LOCAL REG. <u>11-17-52</u>		REGISTRAR'S SIGNATURE <u>Jane</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Doyle E. Williamson</u>		ADDRESS <u>Gilman City, Mo.</u>			

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

C. H. Cullers.

(Licensed Embalmer's Statement on Reverse Side)

MAY 6 1954

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 \_\_\_\_\_

*myself*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed *Wayne E. Williamson*

Licensed Embalmer No. *4883*

P. O. Address *Libman City*

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.