

5. No. 300
v. 10.48

FILED FEB 4 1953

STANDARD CERTIFICATE OF DEATH

State File No. 656

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

BIRTH NO. _____ REG. DIST. NO. 69 PRIMARY REG. DIST. NO. 5272 Registrar's No. 2

| | | | |
|---|----------------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>CHRISTIAN</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CHRISTIAN</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>"RURAL" POLK</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>"RURAL" POLK</u> <u>09 2nd</u> | |
| c. LENGTH OF STAY (in this place) <u>7 YEARS</u> | | d. STREET ADDRESS (If rural, give location) <u>RT. # 2, BILLINGS</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RT. # 2, BILLINGS</u> | | e. (First) <u>DOROTHY</u> b. (Middle) <u>CERELDA</u> c. (Last) <u>ROBERTSON</u> | |
| 3. NAME OF DECEASED (Type or Print) | | 4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 30-1953</u> | |
| 5. SEX <u>FEMALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED 1</u> | 8. DATE OF BIRTH <u>SEPT. 8-1911</u> |
| 9. AGE (in years & last birthday) <u>41</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>ASH GROVE - MISSOURI</u> |
| 10a. USUAL OCCUPATION | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>MARION KILE</u> | | 13b. MOTHER'S MAIDEN NAME <u>LOUE SNYDER</u> | |
| 13c. FATHER'S NAME | | 14. NAME OF HUSBAND OR WIFE <u>GLEN 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 <u>GLEN ROBERTSON, RT. 2, BILLINGS, 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>Cardiac exhaustion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bronchial Asthma</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>241x</u> | |
| 19c. DATE 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) | | 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>Jan</u> , 19 <u>51</u> , to <u>Jan</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>29 Jan</u> , 19 <u>53</u> , and that death occurred at <u>3:05 A. m.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>Karl J. Leidinger Jr. M.D.</u> | | 23b. ADDRESS <u>Republic, Missouri</u> | |
| 23c. DATE SIGNED <u>30 Jan 53</u> | | 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | |
| 24b. DATE <u>FEB. 1-1953</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>MT. PLEASANT CEMETERY</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>ASH GROVE, MISSOURI</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>John Hlean Harris, Clever, Mo.</u> | |
| 25. FUNERAL DIRECTOR'S SIGNATURE | | ADDRESS | |
| DATE REC'D BY LOCAL REG. <u>Feb. 1, 1953</u> | | REGISTRAR'S SIGNATURE <u>Allene Miller</u> | |

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

John Dean Harris

Licensed Embalmer No. 4390

P. O. Address Cleary 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.