S. No. 300
v. 10-48

FILED NOV 13 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35104

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1167

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

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
c. LENGTH OF STAY (in this place): 7 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Missouri Methodist Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Buchanan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph 0117 0
d. STREET ADDRESS (If rural, give location): 2215 Vories St.

3. NAME OF DECEASED (Type or Print)
a. (First): Margaret
b. (Middle): R.
c. (Last): Robertson

4. DATE OF DEATH (Month) (Day) (Year): November 8, 1953

5. SEX: female 1
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: December 5, 1870
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: 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: own home
11. BIRTHPLACE (State or foreign country): Savannah, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: unk.
13b. MOTHER'S MAIDEN NAME: unk.
14. NAME OF HUSBAND OR WIFE: Jesse J.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): -----
16. SOCIAL SECURITY NO.: -----
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Reed Robertson, Geiger Apt., St. Joseph, 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): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Genal arteriosclerosis
DUE TO (c): c̄ hypertension

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: 331X
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* Dec 10, 1946, *to* Nov 8, 1953, *that I last saw the deceased alive on* Nov 8, 1953, *and that death occurred at* 4:30p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert C. Long MD
23b. ADDRESS: Savannah Mo
23c. DATE SIGNED: Nov 10-53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 11/11/1953
24c. NAME OF CEMETERY OR CREMATORY: Fillmore Cemetery
24d. LOCATION (City, town, or county) (State): Fillmore, Missouri

DATE REC'D BY LOCAL REG.: Nov. 12, 1953
REGISTRAR'S SIGNATURE: Esther M. Allison 48 S
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Heaton-Bowman Funeral Home, St Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

Ch. Long J.

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 William Spalding

Licensed Embalmer No. 4535

P. O. Address 3195 [illegible]

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.