

No. 300
10-48

FILED NOV 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH 3023 State File No. 36670

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3203 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Henry	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Clinton		c. LENGTH OF STAY (in this place) 4 days	c. CITY OR TOWN Clinton
d. FULL NAME OF HOSPITAL OR INSTITUTION Clinton General Hosp		e. STREET ADDRESS (If rural, give location) 402 E. Jefferson Street	

3. NAME OF DECEASED (Type or Print)	a. (First) Mary	b. (Middle) Margaret	c. (Last) Robertson	4. DATE OF DEATH (Month) (Day) (Year) Nov. 14 1955
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Dec. 2 1863	9. AGE (In years last birthday) 91	IF UNDER 1 YEAR Months 11 Days 12	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) Versailles, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Jasper Estes Robertson	13b. MOTHER'S MAIDEN NAME Nancy Rutherford	14. NAME OF HUSBAND OR WIFE Samuel Robertson (D)
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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. Nora Cox Clinton, Missouri	ADDRESS Missouri
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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		INTERVAL BETWEEN ONSET AND DEATH 4 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Basal skull fracture		
	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. Hypertensive Cardio-vascular disease		8 years	

19a. DATE OF OPERATION Time	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) Accident (car crash)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Road 2 mi. S.W. Clinton	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Clinton Henry Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov 10, 1955 5P	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Car overturned in which riding
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22. I hereby certify that I attended the deceased from Nov 14, 1955, to Nov 14, 1955, that I last saw the deceased alive on Nov 14, 1955, and that death occurred at 2 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) S. B. Biggers M.D.	23b. ADDRESS Clinton, Mo.	23c. DATE SIGNED 11/17/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 18, 55	24c. NAME OF CEMETERY OR CREMATORY Englewood	24d. LOCATION (City, town, or county) (State) Clinton Missouri
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DATE REC'D BY LOCAL REG. Nov 17 55	REGISTRAR'S SIGNATURE Mildred Biggers	521. FUNERAL DIRECTOR'S SIGNATURE J. E. Gardner	ADDRESS Clinton, Missouri
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(Licensed Embalmer's Statement on Reverse Side)

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

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.....
Signature of Student Embalmer

Signed *Ernest R. Gonzalez*

Licensed Embalmer No. *460*

P. O. Address *Clinton, N.Y.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.