

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3590

FILED FEB 7 1956

State File No.

BIRTH NO. _____ REG. DIST. NO. 354 PRIMARY REG. DIST. NO. 6200 Registrar's No. 53

1. PLACE OF DEATH a. COUNTY <u>TEXAS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>TEXAS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>MORRIS twp.</u>	c. LENGTH OF STAY (In this place) <u>35yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>MORRIS twp. 10 70</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>18 mi. NW of CABOOL</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ARTHUR</u> b. (Middle) <u>ROBERTSON</u> c. (Last) <u>ROBERTSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-30-56</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>12-17-1920</u>	9. AGE (In years last birthday) <u>35</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>TEXAS CO., MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>LUTHER ROBERTSON</u>		13b. MOTHER'S MAIDEN NAME <u>OTHIA COLLINS</u>		14. NAME OF HUSBAND OR WIFE <u>LUCILLE ROBERTSON</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u> (If yes, give war or dates of service) <u>WW II</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lucille Robertson, Mt. Stone</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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broken neck + Crushed chest</u>		INTERVAL BETWEEN ONSET AND DEATH <u>instant</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) <u>overtwining of tractor</u>		
	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>9121</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>farm</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>MORRIS twp.</u> (COUNTY) <u>TEXAS,</u> (STATE) <u>MO.</u>
21d. TIME OF INJURY. (Month) (Day) (Year) (Hour) <u>1-30-56 3P m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Tractor hit stump + overtwined</u>

22. I hereby certify that I attended the deceased from 1-30, 1956, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 3: P m., from the causes and on the date stated above.

23a. SIGNATURE <u>James L. Gentry (Croner)</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Cabool, MO.</u>		23c. DATE SIGNED <u>1-31-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-2-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ROCK SPRINGS</u>		24d. LOCATION (City, town, or county) (State) <u>TEXAS CO., MO.</u>	

DATE REC'D BY LOCAL REG. <u>2-3-56</u>	REGISTRAR'S SIGNATURE <u>Wayne Cunningham</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Elliott Gentry</u> ADDRESS <u>Cabool, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 10 1958

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 James L. Gentry
Licensed Embalmer No. 14718

P. O. Address Cabool, 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.