

FILED MAR 12 1956

# STANDARD CERTIFICATE OF DEATH

3979  
State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 44 PRIMARY REG. DIST. NO. 4062 Registrar's No. 9

1. PLACE OF DEATH  
 a. COUNTY CALDWELL  
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN GOUGILL  
 c. LENGTH OF STAY (in this place) 2 WKS.  
 d. FULL NAME OF HOSPITAL OR INSTITUTION BAKER REST HOME

2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission).  
 a. STATE MISSOURI b. COUNTY CALDWELL  
 c. CITY OR TOWN BRAYMER  
 d. Is Residence within limits of a city or incorporated town? Yes  No   
 e. STREET ADDRESS (If rural, give location) 013<sup>00</sup>

3. NAME OF DECEASED  
 a. (First) LILLIE b. (Middle) MAY c. (Last) ROBERTSON  
 4. DATE OF DEATH (Month) (Day) (Year) 2/15/1956

5. SEX F 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED  
 8. DATE OF BIRTH AUG. 9 1869 9. AGE (In years last birthday) 86 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) HOUSEKEEPER  
 10b. KIND OF BUSINESS OR INDUSTRY RETIRED  
 11. BIRTHPLACE (City and State or Foreign Country) BRECKENRIDGE, ILLINOIS  
 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME WILLIAM A. BARCUS 13b. MOTHER'S MAIDEN NAME SARAH ELLEN GARD 14. NAME OF HUSBAND OR WIFE CHAS. ROBERTSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO 16. SOCIAL SECURITY NO. NONE  
 17. INFORMANT'S SIGNATURE OR NAME CARL ROBERTSON ADDRESS KANSAS CITY, KAN.

18. CAUSE OF DEATH  
 Enter only one cause per line for (a), (b), and (c)  
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Coronary Thrombosis  
 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 2 hrs.

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION 4201  
 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) \_\_\_\_\_ 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 2/15, 1956 to 2/15, 1956, that I last saw the deceased alive on 2/15, 1956, and that death occurred at 9A. m., from the causes and on the date stated above.

23a. SIGNATURE O. Kilbourn (Degree or title) M.D. 23b. ADDRESS Cowgill Mo. 23c. DATE SIGNED 2/16/56

24a. BURIAL CREMATION, REMOVAL (Specify) BURIAL 24b. DATE 2/18/1956 24c. NAME OF CEMETERY OR CREMATORY EVERGREEN CEMETERY 24d. LOCATION (City, town, or county) (State) BRAYMER MO.

DATE REC'D BY LOCAL REG. 3-7-1956 REGISTRAR'S SIGNATURE Mrs. Ruth Ann Sargent 4997  
 25. FUNERAL DIRECTOR'S SIGNATURE MICHAEL FUNERAL HOME ADDRESS BRAYMER

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

9961 9 7087

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ..... Student Embalmer No. ....

~~working under my personal supervision.~~

Student .....  
Signature of Student Embalmer

Signed *Leub. Michael* .....

Licensed Embalmer No. *434* .....

P. O. Address *Braymer,* .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa  
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.