

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27732

State File No.

FILED AUG 20 1956

BIRTH NO. _____ REG. DIST. NO. 248 PRIMARY REG. DIST. NO. 5842 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>	
b. CITY OR TOWN <u>Rural, Dayton</u>	c. LENGTH OF STAY (in this place) <u>50 yrs.</u>	c. CITY OR TOWN <u>Rural</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 mi E. of Racine</u>		e. STREET ADDRESS (If rural, give location) <u>4 mi E. of Racine</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Albert</u> b. (Middle) _____ c. (Last) <u>Robertson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 3 1956</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Mar.</u>	8. DATE OF BIRTH <u>Dec. 18, 1897</u>	9. AGE (In years last birthday) <u>58</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Arkansas</u>	
13a. FATHER'S NAME <u>Geo. W. Robertson</u>			13b. MOTHER'S MAIDEN NAME <u>Melissa Evans</u>		14. NAME OF HUSBAND OR WIFE <u>Nellie 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>492-20-6393</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Nellie Robertson, rt 1, Neosho, Mo.</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Adeno carcinoma metastatic</u> ANTECEDENT CAUSES DUE TO (b) <u>myocardial failure</u> DUE TO (c) <u>starvation, due to pressure from tumor</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs.</u>
--	--	---	--	--	---

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>regions in colon retroperitoneal nodes and multiple metastatic nodules in liver, sigmoid only</u>		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) <u>1562</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	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 May 21, 1956, to Aug. 3, 1956, that I last saw the deceased alive on Aug 3, 1956 and that death occurred at 5:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John B. Roberts</u>		23b. ADDRESS <u>P.O. Box 295 Seneca Mo</u>		23c. DATE SIGNED <u>8/4/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug 5, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Threshers Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Newton Co. Mo.</u>		
DATE REC'D BY LOCAL REG. <u>8-6-56</u>	REGISTRAR'S SIGNATURE <u>Mrs Irene Russell</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W E Biddlecome Seneca Mo</u>		

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

486

RECEIVED

District Health Officer No. Newton
District File Number 856-132
Date Filed AUG 14 1956

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 W E Biddlecome

Licensed Embalmer No. 2174

P. O. Address Seneca

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.