

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40576**
5535

FILED DEC 11 1957

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>CLAY</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (to this place) <u>38 yrs</u>		c. CITY OR TOWN <u>KANSAS CITY</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>TRINITY LUTHERAN</u>				10. STREET ADDRESS (If rural, give location) <u>631 E 41st ST. NORTH</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>CARTER</u> b. (Middle) <u>C</u> c. (Last) <u>ROBERTSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 20 1957</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan 19 1895</u>		9. AGE (In years last birthday) <u>62</u>		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) <u>Chief Clerk C & O RR</u>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (City and State or Foreign Country) <u>Waverly Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>David A. Robertson</u>			13b. MOTHER'S MAIDEN NAME <u>Dora Israel</u>			14. NAME OF HUSBAND OR WIFE <u>Mary E. Robertson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>WW1 707-05-8147</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mary E. Robertson</u>				ADDRESS <u>631 E 41st St</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bleeding Right leg due to Embolism to Rt femoral artery</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Mural Endocardial Thrombi</u> DUE TO (c) <u>Secondary to Myocardial Infarction</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Coronary Artery Thrombi</u>						INTERVAL BETWEEN ONSET AND DEATH <u>1 WK</u> <u>17 mos.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____				21g. _____		21h. _____		21i. _____	
22. I hereby certify that I attended the deceased from <u>July 7, 1956</u> , to <u>Nov 20, 1957</u> , that I last saw the deceased alive on <u>Nov 19, 1957</u> , and that death occurred at <u>2:40 A.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Edw. H. Fischer MD</u>				23b. ADDRESS <u>306 East N. K. 16 Mo</u>		23c. DATE SIGNED <u>11/21/57</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-22-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>White Chapel</u>		24d. LOCATION (City, town, or county) (State) <u>Clay Co Mo</u>			
DATE REC'D BY LOCAL REG. <u>11-22-57</u>		REGISTRAR'S SIGNATURE <u>Neva Marshall</u>		FUNERAL DIRECTOR'S SIGNATURE <u>D. W. Neutomer's Son</u>		ADDRESS <u>N. K. O. Mo</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Edw. H. Fischer



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 *Glenn D. Rice*.....

Licensed Embalmer No. *4586*

P. O. Address *K.C. 16, 4*

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.