

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-010969  
State File No. ....

FILED APR 15 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 191

1. PLACE OF DEATH a. COUNTY <b>Pettis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Moniteau</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Sedalia</b>		c. CITY OR TOWN <b>Tipton</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <b>1 Week</b>		f. STREET ADDRESS (If rural, give location) <b>In City</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Bothwell Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>MARY</b> b. (Middle) <b>MALVINA</b> c. (Last) <b>ROBERTSON</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April 7, 1958</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Nov. 29, 1865</b>	9. AGE (In years last birthday) <b>92</b>	IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Near Clarksburg, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
---	--	--	--

13a. FATHER'S NAME <b>Evans Williams</b>	13b. MOTHER'S MAIDEN NAME <b>Jane Schyles</b>	14. NAME OF HUSBAND OR WIFE <b>T. J. Robertson</b>
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Grace Harlleson, 1211 S. Sneed, Sedalia</b>
---	--	--

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chr Myocarditis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>arterio sclerosis</b> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Decubitus ulcers</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4 2 2 1</b>	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)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>2</b>
--	--	--

22. I hereby certify that I attended the deceased from **Nov 9, 1957** to **Apr 7, 1958**, that I last saw the deceased alive on **4-6, 1958**, and that death occurred at **5:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>W. Boger M.D.</b>	23b. ADDRESS <b>Sedalia Mo</b>	23c. DATE SIGNED <b>4/7/58</b>
--	-----------------------------------	-----------------------------------

24a. PLACE OF BURIAL OR CREMATION (Specify) <b>Burial</b>	24b. DATE <b>4/8/1958</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Moriah Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Moniteau County, Missouri</b>
--	------------------------------	--	---

DATE REC'D BY LOCAL REG. <b>4-8-58</b>	REGISTRAR'S SIGNATURE <b>Frances Shelby</b>	25. EMBLEMA SIGNATURE ADDRESS <b>Richard Conn, Tipton, Missouri</b>
---	--	--

WRITE PLAINLY--USING UNFAADING BLACK INK--MAKE A PERMANENT RECORD

5416

---

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... *Richard D. Conn* .....

Licensed Embalmer No... *470* .....

P. O. Address... *Lepton, N* .....

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.