Health, & Welfare Public Service

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1-57

FILED NOV 26 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-039386
STATE FILE NUMBER

Registration District No. 098 Primary Registration District No. Registrar's No. 106

1. PLACE OF DEATH
a. COUNTY: Daviess
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Jameson — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): ----- — Length of stay in 1b: 60 Yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Daviess
c. CITY OR TOWN: Jameson 0310 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): ----- — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Cora Middle: Isabelle Last: Robertson

4. DATE OF DEATH Month Day Year: November 11 1958

5. SEX: Female 1

6. COLOR OR RACE: White

7. MARRIED [ ] **NEVER MARRIED** [ ] **WIDOWED** [X] 2 **DIVORCED** [ ]

8. DATE OF BIRTH: Jan. 12, 1870

9. AGE (In years last birthday): 88 — 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): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (City and state or country): Jackson, Ohio 1

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: George Stiffler

13b. MOTHER'S MAIDEN NAME: Mary Horton

14. NAME OF HUSBAND OR WIFE: Chas. A. Robertson (Dec'd

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: None

17. INFORMANT Address: Mrs. Alta Link, Jameson, Missouri

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial failure — INTERVAL BETWEEN ONSET AND DEATH: 24 hr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) hypertensive cardio-vascular
DUE TO (c) disease & senility.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 443 X

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Nov 7 1958, to Nov 11, 1958 and last saw her/him alive on Nov 10, 1958
Death occurred at 9:15 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Edward Miar M. D.

22b. ADDRESS: Gallatin Mo

22c. DATE SIGNED: 11/17/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 11-13-1958

23c. NAME OF CEMETERY OR CREMATORY: Grand River Cemetery

23d. LOCATION (City, town, or county) (State): Jameson, Missouri

24. FUNERAL DIRECTOR: L. O. Richardson

ADDRESS: Hope Funeral Home, Gallatin, Mo.

25. DATE RECD. BY LOCAL REG.: 11-27-58

26. REGISTRAR'S SIGNATURE: Virgil W. Engelhart

(Licensed Embalmer's Statement on Reverse Side)

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 L. O. Nickerson

Licensed Embalmer No. 3302

P. O. Address Gallatin, Tn

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.