

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-040409

STATE FILE NUMBER

FILED DEC 10 1958

Registration District No.

156

Primary Registration District No.

2001

Registrar's No.

568

S. 300  
y. 1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>JASPER</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>NEWTON</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>JOPLIN</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>RURAL</b> <i>c 730</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST. JOHN'S HOSP.</b>			Length of stay in lb YRS		d. STREET ADDRESS (If outside, give location) <b>ROUTE 4, JOPLIN (REDINGS MILL)</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last <b>EDWARD ELLIS (MIKE) ROBERTSON</b>				4. DATE OF DEATH Month Day Year <b>NOVEMBER 23, 1958</b>					
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>MARCH 5, 1913</b>		9. AGE (In years last birthday) <b>45</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>TRUCKING BUSINESS</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>HAULING</b>		11. BIRTHPLACE (City and state or country) <b>TULSA, OKLA.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13a. FATHER'S NAME <b>BENJAMIN ROBERTSON</b>			13b. MOTHER'S MAIDEN NAME <b>LOUISE SPLENBAUGH</b>			14. NAME OF HUSBAND OR WIFE <b>HALLIE 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>UNK</b>		17. INFORMANT Address <b>MRS. HALLIE ROBERTSON, REDINGS MILL</b>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Metastatic Carcinoma of lung</b>							INTERVAL BETWEEN ONSET AND DEATH <b>4 months</b>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Carcinoma Right kidney</b>							6 months		
DUE TO (c)									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>180X</b>							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)						
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <b>8/27/58</b> to <b>11/23/58</b> and last saw <sup>HE</sup> <del>HE</del> alive on <b>11/23/58</b> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <b>B F Woodruff ind</b> (Degree or title)				22b. ADDRESS <b>Joplin, Mo</b>				22c. DATE SIGNED <b>11/25/58</b>	
23a. BURIAL, CREMATION, OR REINTERMENT (Specify) <b>BURIAL</b>		23b. DATE <b>11-26-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>FOREST PARK CEMETERY</b>		23d. LOCATION (City, town, or county) <b>JOPLIN, MISSOURI</b> (State)				
24. FUNERAL DIRECTOR <b>STEVE PARKER MORTUARY, JOPLIN, MO.</b> ADDRESS				25. DATE RECD. BY LOCAL REG. <b>NO. 12-4-58</b>		26. REGISTRAR'S SIGNATURE <b>Dove Merriam</b>			

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 *F. M. Jones* .....

Licensed Embalmer No. *2319* .....

P. O. Address *J. A. P. Line* .....

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.