

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004831
STATE FILE NUMBER

FILED FEB 24 1959 Registration District No. 64 Primary Registration District No. 4110 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY CHARITON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY CHARLTON			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SALISBURY			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN BRUNSWICK		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 402 E. 4th St.			Length of stay in 1b 1 year	d. STREET ADDRESS (If outside, give location) 5 MILE N.E. BRUNSWICK			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MELBER Middle EMRICH Last ROBERTSON				4. DATE OF DEATH Month JAN. Day 30 Year 1959			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH MARCH 23, 1879		9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY FARMING		11. BIRTHPLACE (City and state or country) CHARITON CO., MO.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME DAVID C. ROBERTSON				14. MOTHER'S MAIDEN NAME CARRIE L. EMRICH.			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT Address Hurley Robertson, Salisbury Mo.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis							INTERVAL BETWEEN ONSET AND DEATH immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Coronary sclerosis		DUE TO (c) Generalized arterio-sclerosis		? ?	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Cerebral arterio-sclerosis							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 _____ 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 Sept 5, 1958 , to Jan 30, 1959 and last saw him alive on Jan 29, 1959 Death occurred at 5:00 a m on the date stated above; and to the best of my knowledge from the causes stated.							
22a. SIGNATURE (Degree or title) [Signature]				22b. ADDRESS Salisbury, Mo.		22c. DATE SIGNED 2/20/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE Feb. 1, 1959	23c. NAME OF CEMETERY OR CREMATORY Robertson Cemetery		23d. LOCATION (City, town, or county) (State) CHARITON COUNTY, MISSOURI		
24. FUNERAL DIRECTOR Neisel F. H., Brunswick Mo.				25. DATE RECD. BY LOCAL REG. 2-20-59		26. REGISTRAR'S SIGNATURE [Signature]	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed... *William R. Koc*

Licensed Embalmer No. *47*.....

P. O. Address *Brunswick*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.