

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-017396

FILED JUN 8 1959 Registration District No. 128 Primary Registration District No. 2000 STATE FILE NUMBER 542

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-57

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Springfield</b>		c. CITY OR TOWN <b>Springfield</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1205 W. Walnut</b>		d. STREET ADDRESS (If outside, give location) <b>1205 W. Walnut</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>EMILIE ALICE ROBERTSON</b>		4. DATE OF DEATH Month Day Year <b>June 1, 1959</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Sept. 28, 1875</b>
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	11. BIRTHPLACE (City and state or country) <b>Greenville, Tennessee</b>
13a. FATHER'S NAME <b>William G. Blanton</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Thomas W. Robertson, Sr.</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 Address <b>Thomas Robertson 1205 W. Walnut</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>Cardiac failure</b> <b>arteriosclerotic cardio-vascular disease</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) 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>Hypertrophic arthritis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1 year</b> <b>Unknown</b>
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. Month, Day, Year			
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 <b>Springfield Greene MO</b>	
21. I attended the deceased from <b>Mar 7 '58</b> to <b>June 59</b> and last saw her alive on <b>June 1 59</b> Death occurred at <b>flam</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>H. D. Sills M.D.</b> (Degree or title)		22b. ADDRESS <b>609 Cherry St.</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>June 3, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Maple Park Cemetery</b>
23d. LOCATION (City, town, or county) <b>Springfield, Mo.</b>		23e. DATE SIGNED <b>June 2 '59</b>	
24. FUNERAL DIRECTOR <b>Jewell C. Windle</b> ADDRESS <b>Springfield, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>6-3-59</b>	26. REGISTRAR'S SIGNATURE <b>Effie S. Melton</b>

All diseases in Part I must be causally related.  
H. D. Sills M.D.

MEDICAL CERTIFICATION ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Robert E. Muhlman*

Licensed Embalmer No. *4916*

P. O. Address. *Springfield*

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.