

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-040820

FILED VS. NOV 15 1960

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 203

STATE FILE NUMBER

RECEIVED

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Nevada</u>		Length of stay in 1b		c. CITY OR TOWN <u>Joplin</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>City Hospital</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>314 Walnut St.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Edna</u> Middle <u>I.</u> Last <u>Robertson</u>				4. DATE OF DEATH Month <u>Oct</u> Day <u>11</u> Year <u>1960</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>2/3/</u>		
9. AGE (last birthday) <u>66</u>		IF UNDER 1 YEAR Months Days Hours Min.		9. AGE (last birthday) <u>66</u>		IF UNDER 24 HR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY <u>Lacksprings Mo.</u>			11. BIRTHPLACE (City and state or country) <u>Ill. S. A.</u>		
13a. FATHER'S NAME <u>L. Z. Williams</u>			13b. MOTHER'S MAIDEN NAME <u>Mollie Broehier</u>			14. NAME OF HUSBAND OR WIFE <u>B.E. Robertson</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO.		17. INFORMANT <u>Mrs. W.C. Ross Joplin, Mo.</u>		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Internal injuries chest</u> <u>Fractures Ribs 3 thru 15 Rt.</u> <u>Fracture Femur Subtrochanteric</u> <u>right comminuted</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Car overturned 2 miles south of Nevada Mo.</u>				
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year <u>Oct 11, 1960</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg, etc.) <u>on 2591 2nd St. Joplin Mo.</u>		20f. CITY, TOWN, OR LOCATION <u>Nevada Mo.</u> COUNTY <u>Vernon Mo.</u> STATE		
21. I attended the deceased from <u>11:30 P.M.</u> to <u>12:10 P.M.</u> and last saw her/him alive on <u>Oct 11, 1960, 12:15 P.M.</u> Death occurred at <u>Nevada Mo.</u> on <u>12:15 P.M.</u> the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <u>Rolla B. Bay MD.</u> (Degree or title)				22b. ADDRESS <u>Nevada Mo.</u>		22c. DATE SIGNED <u>10-11-60</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>Oct 11, 1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Local</u>		23d. LOCATION (City, town, or county) (State) <u>Denver, Mo.</u>		
24. FUNERAL DIRECTOR <u>Peeny Funeral Home Sheldon, Mo.</u> ADDRESS				25. DATE RECD. BY LOCAL REG. <u>Nov 7-1960</u>		26. REGISTRAR'S SIGNATURE <u>Ormal E. Ross</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 15 1961

MAR 22 1961

MAR 2 1962

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed L. Bernard Perry

Licensed Embalmer No. 4161

P. O. Address Sheldon 9

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.