

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-029501

STATE FILE NUMBER

Registration District No. 290 Primary Registration District No. 4427 Registrar's No. 94

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59	DATE AMENDED	
1 <u>0850</u>	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	
2 <u>06602</u>		
3		
4 <u>0</u>		
5 <u>1</u>		
6		
7 <u>0</u>		
8 <u>0</u>		
9 <u>331X</u>		
10		
11		
12 <u>1.2</u>		
13 <u>10</u>		
	INSTEAD OF	
	DOCUMENT	
	MEDICAL CERTIFICATION	
	BY AFFIDAVIT OF	
	SHOULD READ	
	ITEM NO.	

FILED JUL 16 1963

1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Miller</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Waynesville</u>		c. CITY OR TOWN <u>Iberia</u>	
Length of stay in 1b <u>7 days</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>Pulaski County General</u>		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>DANIEL</u> Middle <u>EMERY</u> Last <u>ROBERTSON</u>		4. DATE OF DEATH Month <u>July</u> Day <u>6</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2-24-1882</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		9b. KIND OF BUSINESS OR INDUSTRY	9c. AGE (last birthday) <u>81</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9d. IF UNDER 1 YEAR Months <u>7</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>
11. BIRTHPLACE (City and state or country) <u>Miller Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>George W. Robertson</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ellen Trent</u>	
14. NAME OF HUSBAND OR WIFE <u>Eva Grady 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 Address <u>Mrs. Eva Robertson Iberia, Mo.</u>	
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>Cardiac and Respiratory Arrest</u>			INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Cerebral Vascular Hemorrhage</u>			<u>7 days</u>
DUE TO (c) <u>Arterio-sclerosis and senility</u>			<u>Unknown</u>
PART II. OTHER SIGNIFICANT CONDITIONS (Enter only one condition 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 type="checkbox"/> NO <input 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 <u>1:45</u> a.m. <u>0</u> 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 <u>6-30-1963</u> to <u>7-6-63</u> and last saw her alive on <u>7-6-63</u> Death occurred at <u>1:45 a.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		22. DATE SIGNED <u>7-7-63</u>	
22a. SIGNATURE (Degree or title) <u>R.D. Dewitt M.D.</u>		22b. ADDRESS <u>Waynesville Mo</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>7-8-1963</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Iberia Cemetery</u>		23d. LOCATION (City, town, or county) <u>Iberia, Missouri</u>	
24. FUNERAL DIRECTOR <u>Scrivner-Stevinson Iberia, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>7-10-63</u>	
26. REGISTRAR'S SIGNATURE <u>Eula...</u>			

USE BLACK INK OR TYPEWRITER RIBBON

JUL 19 1963

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

Jay A. Stevens

Licensed Embalmer No.

5201

P. O. Address

Berlin, Mo

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.