

MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

63-032809

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

178

Primary Registration District No.

4281

Registrar's No.

63

FILED SEP 4 1963

1. PLACE OF DEATH

a. COUNTY

Lewis

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Canton

Length of stay in 1b

2 mos.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

At home

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

California

b. COUNTY

Orange

c. CITY

Norwalk

d. STREET ADDRESS

10771 Leffingwell

Inside Limits

Yes ☒ No ☐

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

Elizabeth

First

Middle

M. Robertson

Last

4. DATE OF DEATH

Month

Day

Year

August

23

1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

9-19-1888

9. AGE (last birthday)

74

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

10b. KIND OF BUSINESS OR INDUSTRY

Housewife

11. BIRTHPLACE (City and state or country)

Rosendale, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

James Pettijohn

13b. MOTHER'S MAIDEN NAME

Mellesia Cobb

14. NAME OF HUSBAND OR WIFE

Wm. H. Robertson

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.

558-20-6465

17. INFORMANT

Mrs. Margaret Miller, Canton, 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 occlusion

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Coronary Thrombosis

DUE TO (c)

Coronary Sclerosis

INTERVAL BETWEEN ONSET AND DEATH

Immediate

10 years

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.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

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 ☐ NOT WHILE AT WORK ☐

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 June 1, 1963 to August 23, 1963 and last saw her alive on August 21, 1963. Death occurred at 6:15 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

W.B. Jackson D.O.

22b. ADDRESS

Canton, Mo.

22c. DATE SIGNED

8-23-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

8-23-1963

23c. NAME OF CEMETERY OR CREMATORY

Filmore Cemetery

23d. LOCATION (City, town, or county)

Filmore, Andrew Co, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Pettijohn Funeral Home, Oregon, Mo.

25. DATE RECD. BY LOCAL REG.

8-27-'63

26. REGISTRAR'S SIGNATURE

Mrs. Henry Lloyd

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300

Rev. 4/59

1 0561

2 8040

3 2

4 1

5 2

6

7 0

8 2

9 9420.1

10

11

12 90-2

13 1-0

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 17 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

Earl H. Barkley

Licensed Embalmer No.

2615

P. O. Address

Canton, 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.