

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38161

State File No.

BIRTH NO. _____ REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 3044 Registrar's No. 83

1. PLACE OF DEATH a. COUNTY <u>Moniteau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Moniteau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>California</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>California</u> <u>0687</u>	
c. LENGTH OF STAY (in this place) <u>1</u> <u>yr.</u>		d. STREET ADDRESS (If rural, give location) <u>311 Hodgen</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>311 Hodgen</u>			

3. NAME OF DECEASED (Type or Print), a. (First) <u>Ruth</u> b. (Middle) <u>LLOYD</u> c. (Last) <u>ROBERTSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec.</u> <u>2</u> <u>1951</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>July 9, 1869</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR <u>4</u> <u>23</u> <u>Days</u>	IF UNDER 24 HRS. <u>0</u> <u>0</u> <u>0</u> <u>Min.</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Clarkburg Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John B. Stewart</u>	13b. MOTHER'S MAIDEN NAME <u>Elineth Fordyce</u>	14. NAME OF HUSBAND OR WIFE <u>John S. Robertson</u>
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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. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>John S. Robertson</u> ADDRESS <u>California Mo</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>20 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardio-vascular disease</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Nov 7, 1951, to Dec 2, 1951, that I last saw the deceased alive on Dec 2, 1951, and that death occurred at 2:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Edgar A. Kibbel M.D.</u> (Degree or title)	23b. ADDRESS <u>California</u>	23c. DATE SIGNED <u>12/2/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Dec. 4, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Maronic</u>	24d. LOCATION (City, town, or county) (State) <u>Clarkburg Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Dec 3, 51</u>	REGISTRAR'S SIGNATURE <u>H. R. Popejoy</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>A. E. Wilson</u> ADDRESS <u>California Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED DEC 7 1951
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed DEC 7 1951

JUL 10 1953

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....

A. E. Wilson

Signed.....
Student Embalmer

Licensed Embalmer No. 2361

P. O. Address California 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 this body is not embalmed, fact should be so stated above.