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FILED MAY 9 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12693

BIRTH NO. _____ REG. DIST. NO. 219 PRIMARY REG. DIST. NO. 5792 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <i>Monticure</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Monticure</i>	
b. CITY (If outside corporate limits, write RURAL and give a township) <i>Barnett</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Barnett</i> 0680	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <i>R.R. #1</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) <i>JAMES MONROE ROBERTSON</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>APR 3-55</i>		
a. (First)	b. (Middle)	c. (Last)	5. SEX <i>Male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>
8. DATE OF BIRTH <i>JAN-15-1912</i>		9. AGE (In years last birthday) <i>43</i>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 WKS. Hour
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Banner</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <i>California</i>		12. CITIZEN OF WHAT COUNTRY <i>USA</i>

13. FATHER'S NAME <i>Jasper Robertson</i>		13b. MOTHER'S MAIDEN NAME <i>Catherine Russell</i>		14. NAME OF HUSBAND OR WIFE <i>Edna Robertson</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <i>Edna Robertson</i>		
ADDRESS					

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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>pneumonia, lobar</i>		DUE TO (b) <i>grippe</i>				<i>7 days</i>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)				<i>10 days</i>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<i>caused of cirrhosis</i>				<i>18 hrs</i>

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>480 x H</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from August 11, 1950, to April 2, 1955, that I last saw the deceased alive on April 3, 1955, and that death occurred at 5:15 P. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Cardinal W. Sheehan</i>		23b. ADDRESS <i>Cardinal Sheehan, No. 413/55</i>		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <i>4-5-55</i>		24c. NAME OF CEMETERY OR CREMATORY <i>High Point</i>	
24d. LOCATION (City, town, or county) <i>High Point MO</i>		24e. (State)			
DATE, REC'D. BY, LOCAL REG. <i>4/15/55</i>		REGISTRAR'S SIGNATURE <i>H. L. Papey</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Hugo H. Schuber</i>	
				ADDRESS	

(Licensed Embalmer's Statement on Reverse Side) *A. J. J.*

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

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
Student Embalmer

Signed *G. M. Stephens*

Licensed Embalmer No. 2307

P. O. Address Russellville

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.