

FILED JUL 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21235

| | | | | | | | | | |
|---|-------------------------------|--|--|---|---|---|-----------------------------|--|--|
| BIRTH NO. | | REG. DIST. NO. 297 | | PRIMARY REG. DIST. NO. 3027 | | Registrar's No. 30 | | | |
| 1. PLACE OF DEATH a. COUNTY Ray | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ray | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN Richmond) | | c. LENGTH OF STAY (in this place) 85 years | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond | | 0891 | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 429 East Lexington | | | | d. STREET ADDRESS (If rural, give location) 429 East Lexington | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) George N. | | b. (Middle) | | c. (Last) Robertson | | 4. DATE OF DEATH (Month) (Day) (Year) June 3, 1950 | | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH December 23, 1865 | 9. AGE (In years last birthday) 84 | IF UNDER 1 YEAR Months 5 | IF UNDER 24 HRS. Hours Min. | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Live stock dealer | | 10b. KIND OF BUSINESS OR INDUSTRY Live stock dealer | | 11. BIRTHPLACE (State or foreign country) Carson City, Nevada | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | |
| 13a. FATHER'S NAME Cleason Robertson | | 13b. MOTHER'S MAIDEN NAME Susan McDonald | | 14. NAME OF HUSBAND OR WIFE Mary R. Robertson | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (No, no. or unknown) No | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Louis D. Megede; Richmond, Mo. | | | | | |
| 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, ashenia, 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) Uremic Poisoning | | | | ANTECEDENT CAUSES | | | | 3 days | |
| Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | | | DUE TO (b) Fractured hip | | | | 10 days | |
| DUE TO (c) Fall | | | | II. OTHER SIGNIFICANT CONDITIONS | | | | 4 days | |
| Conditions contributing to the death but not related to the disease or condition causing death. Hypostatic Pneumonia | | | | 19a. DATE OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 19b. MAJOR FINDINGS OF OPERATION | | 21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Richmond Ray Mo. | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) May 27 1950 12 m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? slipped and fell | | | | | |
| 22. I hereby certify that I attended the deceased from May 13, 1950, to June 3, 1950 , that I last saw the deceased alive on June 3, 1950 , and that death occurred at 3:00 A.M. , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) D. E. Q. Renner M.D. | | | | 23b. ADDRESS Richmond, Mo. | | 23c. DATE SIGNED 6/5/50 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE June 5, 1950 | | 24c. NAME OF CEMETERY OR CREMATORY Prarie Ridge | | 24d. LOCATION (City, town, or county) (State) Caldwell County Missouri | | | |
| DATE REC'D BY LOCAL REG. June 5-1950 | | REGISTRAR'S SIGNATURE Malcol Jackson | | 25. FUNERAL DIRECTOR'S SIGNATURE Quest-Jile Funeral Home | | ADDRESS Richmond, Missouri | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUN 12
District Health Officer No. 3,
District File Number _____
Date Filed 6-29-50

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 _____

Signed
Student Embalmer

Licensed Embalmer No. 4066

P. O. Address Richmond, Va

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.