No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

REC'D APR 15 1952

State File No. 8146

BIRTH NO. _____ REG. DIST. NO. 134 PRIMARY REG. DIST. NO. 5494 Registrar's No. 7

1. PLACE OF DEATH
a. COUNTY: Harrison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural MADISON ~~Marion~~
c. LENGTH OF STAY (In this place): 3 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 6½ Miles West of Cainsville, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Harrison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural MADISON TWP ~~Marion~~ 0410
d. STREET ADDRESS (If rural, give location): 6½ miles West of Cainsville, Mo.

3. NAME OF DECEASED (Type or Print): a. (First) Bonnie b. (Middle) Rea c. (Last) Robertson

4. DATE OF DEATH (Month) March (Day) 24 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: February 4, 1901

9. AGE (In years last birthday): 51 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

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

10b. KIND OF BUSINESS OR INDUSTRY: General House keeping

11. BIRTHPLACE (State or foreign country): Mercer Co., Missouri.

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: Albert Dorland

13b. MOTHER'S MAIDEN NAME: Effie Owens

14. NAME OF HUSBAND OR WIFE: Ray Robertson, Sr.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT'S SIGNATURE OR NAME: Ray Robertson, ADDRESS: CAINSVILLE, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Liver, — INTERVAL BETWEEN ONSET AND DEATH: 4 Months

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Carcinoma of Right Breast Removed Surgically in Mar-1951 — 3 Months Duration

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death:* Purpura and ascites — 2-3 Weeks

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: 170 X

20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan-1-, 1951, *to* Mar-24, 1952, *that I last saw the deceased alive on* Mar 20, 1952, *and that death occurred at* 3:20 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Alfred C. Taff (Degree or title) D. O.

23b. ADDRESS: Cainsville, Missouri.

23c. DATE SIGNED: 3/25/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Mar., 27, 1952

24c. NAME OF CEMETERY OR CREMATORY: Bethel Cemetery

24d. LOCATION (City, town, or county) (State): Cainsville, Mo.

DATE REC'D BY LOCAL REG.: April 12-1952

REGISTRAR'S SIGNATURE: S. Pha Shaw

25. FUNERAL DIRECTOR'S SIGNATURE: [illegible] ADDRESS: Cainsville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. .....

BIRTH NO. ..... REG. DIST. NO. ..... PRIMARY REG. DIST. NO. ..... Registrar's No. .....

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE b. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN

c. LENGTH OF STAY (In this place)

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) b. (Middle) c. (Last)

4. DATE OF DEATH (Month) (Day) (Year)

5. SEX

6. COLOR OR RACE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday) Months Days Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME

13b. MOTHER'S MAIDEN NAME

14. NAME OF HUSBAND OR WIFE

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 ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b) and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) dating

DUE TO (b)

INTERVAL BETWEEN ONSET AND DEATH

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

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: Eddie J. Stoklasa Student Embalmer No. ..... YES ☐ NO ☐

working under my personal supervision.

Student ..... Student Embalmer

Signed [signature]

Licensed Embalmer No. 3602

P. O. Address Cainsville, 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.

(Licensed Embalmer's Statement on Reverse Side)