

S. No. 300
IV. 10. 48

FILED APR 8 1952

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **8705**

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 58

| | | | |
|---|-------------------------------|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Prairie Twp</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Prairie Twp</u> | |
| c. LENGTH OF STAY (In this place) <u>12 yr</u> | | d. STREET ADDRESS (If rural, give location) <u>#50 Hillway at Unity Ridge Rd</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jackson Co Hospital</u> | | | |
| 3. NAME OF DECEASED a. (First) <u>Velma</u> b. (Middle) _____ c. (Last) <u>Robinson</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>3-20-52</u> | |
| 5. SEX <u>7</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>June 15-1915</u> |
| 9. AGE (In years last birthday) <u>37</u> | | 10. IF UNDER 1 YEAR Months _____ Days _____ | 11. IF UNDER 14 HRS. Hours _____ Min. _____ |
| 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 <u>Home</u> | 11. BIRTHPLACE (State or foreign country) <u>Knox Co. Neb.</u> |
| 12. CITIZEN OF WHAT COUNTRY <u>USA</u> | | | |
| 13a. FATHER'S NAME <u>John Henry</u> | | 13b. MOTHER'S MAIDEN NAME <u>Jemie Truedell</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Ernest Robinson</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Ernest Robinson's Summit</u> | | 18. ADDRESS <u>Summit</u> | |
| 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. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatosis</u> INTERVAL BETWEEN ONSET AND DEATH _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Primary Abdomen</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 <u>Autopsy & Inspection</u> | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Natural</u> | | 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>Wesley A. Phipps</u> (Degree or title) <u>Coroner</u> | | 23b. ADDRESS <u>1034 Piquette Blvd</u> | |
| 23c. DATE SIGNED <u>3-21-52</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>3/22/52</u> | |
| 24c. NAME OF CEMETERY OR CREMATORY <u>Leis Summit</u> | | 24d. LOCATION (City, town, or county) (State) <u>Leis Summit Mo</u> | |
| DATE RECD BY LOCAL REG. <u>3/21/52</u> | | REGISTRAR'S SIGNATURE <u>Donald C. Earnhardt</u> | |
| 25. FUNERAL DIRECTOR'S SIGNATURE <u>W. B. Bengeford</u> | | ADDRESS <u>Leis Summit Mo</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

0480

APR 2 RECD

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

B. J. Lindley

Signed.....
Student Embalmer

Licensed Embalmer No. *4822*

P. O. Address *Leeds Summit Md*

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.