

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12418

State File No.

FILED APR 21 1952
BIRTH NO. 853439 REG. DIST. NO. 75 PRIMARY REG. DIST. NO. 5299 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY <u>Clinton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits write RURAL and give township) <u>Rural</u> <u>Shawbaugh</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City 3108</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>418 Maple Blvd.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>DEBRA</u> b. (Middle) <u>LEA</u> c. (Last) <u>ROBERTS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 13 1952</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>DEC. 2 - 1951</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months <u>4</u> Days <u>11</u> IF UNDER 2 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Teacher</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>K.C. Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>

13a. FATHER'S NAME <u>Mr. GEORGE ROBERTS</u>	13b. MOTHER'S MAIDEN NAME <u>DIXIE REA PASTOR</u>	14. NAME OF HUSBAND OR WIFE <u></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>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. George Robert K.C. 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Accident collision</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>between 2 passenger automobiles on Highway 69</u> DUE TO (c) <u>Skull fracture</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E8164</u> <u>26</u>		INTERVAL BETWEEN ONSET AND DEATH <u>instantaneous</u>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>025</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>←</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 69</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Shawbaugh Clinton Mo</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>April 13 - 1952 5:30 pm</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>collision between 2 motor vehicles</u>	
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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 5:20 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>A. H. Tompkins</u> <u>Coroner Clinton County Mo</u>	23b. ADDRESS <u>201 Farmer Bank</u> <u>Cameron Mo</u>	23c. DATE SIGNED <u>4-14-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-15-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Shawbaugh Cpe Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Weatherby Mo.</u>
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DATE REC'D BY LOCAL REG. <u>4-15-52</u>	REGISTRAR'S SIGNATURE <u>Winifred W. Moser</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Miss Crunk</u>	ADDRESS <u>Cameron, Mo</u>
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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 *Harold L. Walker*

Licensed Embalmer No. *45-88*

P. O. Address *Lathrop, 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.