

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24252**

12 AUG 12 1952

BIRTH NO. _____ REG. DIST. NO. **132** PRIMARY REG. DIST. NO. **5475** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Grundy		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township OR TOWN Galt-Rural-Bowman)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City 34418	
c. LENGTH OF STAY (In this place) 2 Weeks		d. STREET ADDRESS (If rural, give location) 2931 Wyandotte	
d. FULL NAME OF HOSPITAL OR INSTITUTION H 1/2 M. N.W. Osgood MO			

3. NAME OF DECEASED (Type or Print) Opal	a. (First)	b. (Middle) Juanita	c. (Last) Robinson	4. DATE OF DEATH (Month) (Day) (Year) July 1 1952
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3	8. DATE OF BIRTH July 21 1909	9. AGE (In years last birthday) 42	UNDER 1 YEAR Months 11 Days 10	IF UNDER 12 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Beauty Operator	10b. KIND OF BUSINESS OR INDUSTRY Beauty Shop	11. BIRTHPLACE (State or foreign country) Harris MO	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Arthur Jackson	13b. MOTHER'S MAIDEN NAME Susan Milner	14. NAME OF HUSBAND OR WIFE Byron Robinson
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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. 499-09-3812	17. INFORMANT'S SIGNATURE OR NAME Jacqueline Robinson	ADDRESS R.R. #1 Galt, Mo
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Lung		INTERVAL BETWEEN ONSET AND DEATH 3 mo
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cancer of Breast		
	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 170x	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from **6/15, 1952** to **6/29, 1952**, that I last saw the deceased alive on **6/29, 1952**, and that death occurred at **11:40 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE W. W. Fair	(Degree or title) Dr.	23b. ADDRESS Harris, Mo	23c. DATE SIGNED 7/1/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/1/52	24c. NAME OF CEMETERY OR CREMATORY Union Grove Cemetery	24d. LOCATION (City, town, or county) (State) Osgood MO
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DATE REC'D BY LOCAL REG. 8-13-52	REGISTRAR'S SIGNATURE W. W. Fair	25. FUNERAL DIRECTOR'S SIGNATURE E. J. Robertson	ADDRESS Funeral Home Laredo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

400
100

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

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working under my personal supervision.

Student Embalmer No.

Signed

J. M. Robertson

Signed.....
Student Embalmer

Licensed Embalmer No. *4388*

P. O. Address *Laredo 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.