

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**44561**

State File No. \_\_\_\_\_

FILED JAN 17 1953

**5691**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1062</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>19 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		3438	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>920 E. 78th St.</u>				d. STREET ADDRESS (If rural, give location) <u>920 E. 78th St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>OPAL</u>		b. (Middle) <u>(SUNI)</u>		c. (Last) <u>MCCALL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 25, 1952</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Sept. 7, 1912</u>	9. AGE (In years last birthday) <u>40</u>	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Charles S. Essman</u>			13b. MOTHER'S MAIDEN NAME <u>Laura Lemmon</u>			14. NAME OF HUSBAND OR WIFE <u>Robert McCall</u>	
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. Robert U. McCall, 920 E. 78th St., KC Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary and cerebral metastases</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of breast</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>6 mos.</u> <u>2 years</u> <u>170x</u>	
19a. DATE OF OPERATION <u>Dec 1950</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of breast</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		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 <u>Dec. 1950</u> , to <u>12/23, 1952</u> , that I last saw the deceased alive on <u>12/23, 1952</u> , and that death occurred at <u>6 A. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>D. E. Robinson</u> (Degree or title) <u>D. E. Robinson M.D.</u>				23b. ADDRESS <u>830 Angell Bldg. KC Mo.</u>		23c. DATE SIGNED <u>12/27/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/29/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Moriah</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12-27-52</u>		REGISTRAR'S SIGNATURE <u>Heraldine Smith</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>STINE &amp; McCLURE, Kansas City, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Arthur Smith  
Wayne Pa. Co.  
V. 6327

1130 - 51, 30

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

*John Clark*

Licensed Embalmer No. 4216

P. O. Address: K. Co. 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.