

FILED JUL 20 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22026**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 3004 Registrar's No. 46

1. PLACE OF DEATH a. COUNTY <u>Barton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barton</u>	
b. CITY OR TOWN <u>Lamar</u>	c. LENGTH OF STAY (In this place) <u>1 week</u>	c. CITY OR TOWN <u>Liberal</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Barton County Memorial Hospital</u>		f. STREET ADDRESS (If rural, give location) <u>None</u>	

3. NAME OF DECEASED (Type or Print) <u>MARJORIE</u>			4. DATE OF DEATH <u>July 11, 1954</u>		
a. (First)	b. (Middle)	c. (Last)	(Month)	(Day)	(Year)
		<u>ROBINS</u>	<u>July</u>	<u>11</u>	<u>1954</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>July 3, 1897</u>	9. AGE (In years last birthday) <u>57</u>	IF UNDER 1 YEAR Days
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>Own Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Liberal, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>

13a. FATHER'S NAME <u>Frank Curless</u>	13b. MOTHER'S MAIDEN NAME <u>Belle Zook</u>	14. NAME OF HUSBAND OR WIFE <u>Horace Robins</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 <u>Mr. Horace Robins,</u> ADDRESS <u>Liberal, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <u>10 M.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>L. Breast cancer</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Lung metastasis</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>170 X</u>	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) <u>L. AM AR</u> <u>Platte</u> <u>Mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 Aug 1953, to July 11, 1954, that I last saw the deceased alive on Feb 11, 1954, and that death occurred at 3 P. M., from the causes and on the date stated above.

23a. SIGNATURE <u>D. R. Guedow M.D.</u> (Degree or title)	23b. ADDRESS <u>L. AM AR</u>	23c. DATE SIGNED <u>7-12-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 13, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Liberal Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Liberal, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>JUL 13 1954</u>	REGISTRAR'S SIGNATURE <u>Marie Kennard</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Chiles Funeral Home,</u> ADDRESS <u>Lamar, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

DEC 15 1964

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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.....  
Signature of Student Embalmer

Signed *Charles H. Chiles*.....

Licensed Embalmer No. *347*.....

P. O. Address *Lena, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.