

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 13 1956

BIRTH NO. _____		REG. DIST. NO. <u>146</u>		PRIMARY REG. DIST. NO. <u>3026</u>		Registrar's No. <u>1</u>			
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) <u>Independence</u>		c. LENGTH OF STAY (in this place) <u>15 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Sugar Creek 1000</u>		d. STREET ADDRESS (If rural, give location) <u>11409 Scarritt</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Independence Sanitorium</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>Robin</u> b. (Middle) <u>Ann</u> c. (Last) <u>Fann</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-2-56</u>						
5. SEX <u>Fe</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>9-10-12</u>		9. AGE (In years last birthday) <u>43</u>	IF UNDER 1 YEAR Months	IF UNDER 11 HRS. Days	IF UNDER 11 HRS. Hours	IF UNDER 11 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work doing most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>		11. BIRTHPLACE (State or foreign country) <u>Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>John P. Lawson</u>			13b. MOTHER'S MAIDEN NAME <u>Zula Bartlett</u>		14. NAME OF HUSBAND OR WIFE <u>Frank Fann</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>488-21-4029</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Frank Fann</u>				ADDRESS <u>Sugar Creek Mo.</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>Carcinoma of breast R.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>metastases to Lungs & Liver</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>170x</u>				INTERVAL BETWEEN ONSET AND DEATH <u>20 months</u> <u>20 months</u>	
19a. DATE OF OPERATION <u>1954</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of breast</u>						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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>April</u> <u>1954</u> , to <u>Jan</u> <u>1956</u> , that I last saw the deceased alive on <u>Jan 1</u> , 19 <u>56</u> , and that death occurred at <u>9:30 a.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Fred W. Koch MD</u>				23b. ADDRESS <u>Kansas City - MO</u>		23c. DATE SIGNED <u>1-2-56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>1-2-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Belton Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Belton Mo.</u>				
DATE REC'D BY LOCAL REG. <u>1-2-56</u>		REGISTRAR'S SIGNATURE <u>James K. ...</u>		FUNERAL DIRECTOR'S SIGNATURE <u>George & Sons</u>		ADDRESS <u>Belton Mo.</u>			

JAN 26 1957

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
Student Embalmer

Student Embalmer No. _____

Signed

Sterling E. Shepard

Licensed Embalmer No. _____

4911

P. O. Address _____

Grandview Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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