

FILED JUL 12 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **18043**

BIRTH NO.		REG. DIST. NO. <b>42</b>	PRIMARY REG. DIST. NO. <b>1000</b>	Registrar's No. <b>735</b>
1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		c. LENGTH OF STAY (in this place) <b>7 yrs.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Joseph</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>208 West Nebraska Avenue</b>		d. STREET ADDRESS (If rural, give location) <b>208 West Neb. Ave.</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Etta Bell</b> b. (Middle) <b>Robinson</b> c. (Last)		4. DATE OF DEATH (Month) <b>July</b> (Day) <b>4</b> (Year) <b>1954</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>April 16, 1879</b>	9. AGE (In years last birthday) <b>75</b> if under 1 year: Months <b>2</b> Days <b>18</b> if under 12 mos. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (State or foreign country) <b>Omaha, Nebraska</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>John Mitchell</b>		13b. MOTHER'S MAIDEN NAME <b>Etta Bell</b>
14. NAME OF HUSBAND OR WIFE <b>Frank Robinson</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>not given</b>
17. INFORMANT'S SIGNATURE OR NAME <b>Frank Robinson</b>		ADDRESS <b>208 West Neb City.</b>		
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocarditis</b> 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.		INTERVAL BETWEEN ONSET AND DEATH <b>6 mo.</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>f222</b>		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 <b>6-23, 1954</b> to <b>7-4, 1954</b> , that I last saw the deceased alive on <b>6-27-54</b> , 1954, and that death occurred at <b>11:37</b> m., from the causes and on the date stated above.				
23a. SIGNATURE <b>E. J. Cross</b>		23b. ADDRESS <b>5105 4th Ave. St. Joseph Mo</b>		23c. DATE SIGNED <b>7-6-54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>7-8-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Ashland Cemetery</b>
24d. LOCATION (City, town, or county) (State) <b>St. Joseph Mo.</b>		24e. DATE REC'D BY LOCAL REG. <b>July 9, 1954</b>		24f. REGISTRAR'S SIGNATURE <b>Kathleen M. Allison</b>
24g. FUNERAL DIRECTOR'S SIGNATURE <b>Beatrice Gray</b>		24h. ADDRESS <b>812 Pacific St. Joseph, Mo.</b>		

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 3 1954

**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 E. J. Crank

Licensed Embalmer No. 4238

P. O. Address St. Joseph

**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.