

FILED JUL 7 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19170

BIRTH NO. _____		REG. DIST. NO. <u>155</u>		PRIMARY REG. DIST. NO. <u>3127</u>		Registrar's No. <u>90</u>			
1. PLACE OF DEATH a. COUNTY <u>JASPER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JASPER</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WEBB CITY</u>		c. LENGTH OF STAY (in this place) <u>20 YRS</u>		c. CITY-OR TOWN <u>WEBB CITY</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>802 NORTH HALL</u>				e. STREET ADDRESS (If rural, give location) <u>802 NORTH HALL</u> <u>04900</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>RASMINE</u>			b. (Middle) <u>(MINNIE)</u>		c. (Last) <u>ROBERTS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 28 1955</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>JUNE 10, 1891</u>			
9. AGE (in years last birthday) <u>64</u>		10. MONTHS <u>0</u>		11. YEAR <u>18</u>		12. IF UNDER 1 YEAR: Hours <u> </u> Min. <u> </u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LAUNDRY</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>CLEANING</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>ODENSE FLVEN, DENMARK</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>ANDERS JENSON</u>		13b. MOTHER'S MAIDEN NAME <u>MAREN</u>		14. NAME OF HUSBAND OR WIFE		
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>567-34-6543</u>			17. INFORMANT'S SIGNATURE OR NAME <u>EARL E. WIKKE</u>		ADDRESS <u>INDEPENDENCE, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma tonsil</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cancer of Breast (surgery 1 yr)</u> DUE TO (c) <u> </u> 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>1 yr</u>	
19a. DATE OF OPERATION <u>1954</u>		19b. MAJOR FINDINGS OF OPERATION <u>Sarcoma Cx 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) m.		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>June</u> , 19 <u>54</u> to <u>June</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>28 June, 1955</u> , and that death occurred at <u>2057</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Reverend H. M. D.</u>				23b. ADDRESS <u>227 So Webb Webb City</u>		23c. DATE SIGNED <u>6/29/55</u>			
24a. BURIAL, CREMATION, REMOVAL, BURIAL (Specify)		24b. DATE <u>6-30-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT HOPE CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>WEBB CITY, MO</u>			
DATE REC'D BY LOCAL REG. <u>6-30-55</u>		REGISTRAR'S SIGNATURE <u>Mrs. Madeline Switzer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>HEDGE-LEWIS FUNERAL HOME WEBB CITY, MO</u>					

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

County File Number 53-1-22
Date Filed JUL 1 1955

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 *Richard Gray Lewis*

Licensed Embalmer No. 440
P. O. Address *Webb City*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.