

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1543

STATE FILE NUMBER

FILED JAN 13 1958

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Jackson</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <b>Independence</b> TOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Grain Valley</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Independence San &amp; Hosp</b>		Length of stay in <b>50 MH</b>	d. STREET ADDRESS <b>City</b>		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Nora</b> Middle <b>F</b> Last <b>Robinson</b>			4. DATE OF DEATH Month <b>Jan.</b> Day <b>2</b> Year <b>1958</b>		
5. SEX <b>F</b> <b>M</b>	6. COLOR OR RACE <b>Wh</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Dec 11 1888</b>		9. AGE (In years last birthday) <b>69</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	11. BIRTHPLACE (City and state or country) <b>Grain Valley Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13. FATHER'S NAME <b>Zacariy Taylor</b>			14. MOTHER'S MAIDEN NAME <b>Bell Herrington</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT Address <b>Velma Harris Grain Valley Mo</b>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Occlusion</b>  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>none</b> DUE TO (c) <b>none</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>none</b>					INTERVAL BETWEEN ONSET AND DEATH <b>2 1/2 hours</b>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>---</b>			
20c. TIME OF INJURY Hour <b>---</b> Month, Day, Year a. m. <b>---</b> p. m. <b>---</b>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>Jan. 2, 1958</b> 20f. CITY, TOWN, OR LOCATION <b>Grain Valley</b> COUNTY <b>Mo</b> STATE <b>Mo</b>			
21. I attended the deceased from <b>Dec. 2, 58</b> to <b>Jan. 2, 1958</b> and last saw her alive on <b>Jan. 2, 58</b> . Death occurred at <b>3: PM</b> m on the date stated above; and to the best of my knowledge from the causes stated.					
22a. SIGNATURE (Deceased or title) <b>O. Luton</b>			22b. ADDRESS <b>Grain Valley Mo</b>		22c. DATE SIGNED <b>Jan. 2, 58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Jan 4 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Grain Valley Cem</b>		23d. LOCATION (City, town, or county) (State) <b>Grain Valley Mo</b>	
24. FUNERAL DIRECTOR ADDRESS <b>Webb Funeral Home Blue Springs Mo</b>			25. DATE RECD. BY LOCAL REG. <b>1-4-58</b>	26. REGISTRAR'S SIGNATURE <b>James K. ...</b>	

(Licensed Embalmer's Statement on Reverse Side)

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

JAN 9 1956

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 *R B Webb*.....

Licensed Embalmer No. *23*

P. O. Address *Adrian Sperry*

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