No. 300
10-48

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

FILED OCT 18 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33661

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 224

1. PLACE OF DEATH
a. COUNTY: Henry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CLINTON
c. LENGTH OF STAY (In this place): 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Clinton Gen Hospt

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Henry
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Deep Water Mo RR #1
d. STREET ADDRESS (If rural, give location): 5

3. NAME OF DECEASED (Type or Print): a. (First) MARY b. (Middle) E c. (Last) CAMERON

4. DATE OF DEATH: (Month) October (Day) 8 (Year) 1949

5. SEX: Fem'l

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Wid

8. DATE OF BIRTH: Oct 10/1869

9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months 11 Days 29 — IF UNDER 24 HRS.: Hours ____ Min. ____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: ____

11. BIRTHPLACE (State or foreign country): HENRY Co Mo

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: WM KIMES

13b. MOTHER'S MAIDEN NAME: HANNAH CRISSMAN

14. NAME OF HUSBAND OR WIFE: WILLIS P

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: no

17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS: Mrs Wm Rush DEEPWATER

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Intertrochanteric fracture left femur — 13 days
DUE TO (c): ____ — 27020

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Chronic atrophic arthritis — Unknown

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: ____

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Deepwater Henry Mo.

21d. TIME OF INJURY (Month) Sept (Day) 26 (Year) 1949 (Hour) 9 A.m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑

21f. HOW DID INJURY OCCUR?: fell from chair

22. *I hereby certify that I attended the deceased from* Sept 26, 1949, *to* Oct 8, 1949, *that I last saw the deceased alive on* Oct 8, 1949, *and that death occurred at* 930 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): S B. Hughes M.D.

23b. ADDRESS: Clinton, Mo.

23c. DATE SIGNED: 10/5/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 10/10/49

24c. NAME OF CEMETERY OR CREMATORY: ENGLEWOOD CEM

24d. LOCATION (City, town, or county) (State): Clinton Mo

DATE REC'D BY LOCAL REG.: Oct-10-49

REGISTRAR'S SIGNATURE: Florence Adams

25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: J. E. Gonzales Clinton Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 9-49-12
Date Filed 10-17-49

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 J E Conaldue

Licensed Embalmer No. 1891

P. O. Address Clinton Mo

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

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