

FILED OCT 6 1950

STANDARD CERTIFICATE OF DEATH

State File No. 29660

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 293

1. PLACE OF DEATH  
 a. COUNTY Cane Girardeau  
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cane Girardeau  
 c. LENGTH OF STAY (in this place) 4 Days  
 d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) South East Mo. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
 a. STATE Missouri b. COUNTY New Madrid  
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marston, 0720  
 d. STREET ADDRESS (If rural, give location) 1

3. NAME OF DECEASED (Type or Print)  
 a. (First) John b. (Middle) Revia c. (Last) Cameron  
 4. DATE OF DEATH (Month) (Day) (Year) Sept. 15 50

5. SEX M 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married  
 8. DATE OF BIRTH Aug. 27, 1892 9. AGE (In years last birthday) 58

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer  
 10b. KIND OF BUSINESS OR INDUSTRY -n  
 11. BIRTHPLACE (State or foreign country) New Madrid, Co. Mo. 0  
 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME John Cameron 13b. MOTHER'S MAIDEN NAME Julia Burgess 14. NAME OF HUSBAND OR WIFE Nellie Cameron

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. 16. SOCIAL SECURITY NO. -  
 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Nellie Cameron Portageville, R.1

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) Coronary Thrombosis + Infarction  
 ANTECEDENT CAUSES  
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
 DUE TO (b) (1) Coronary Atherosclerosis  
 DUE TO (c) (2) S.D. Hypertension  
 II. OTHER SIGNIFICANT CONDITIONS  
 Conditions contributing to the death but not related to the disease or condition causing death.  
 INTERVAL BETWEEN ONSET AND DEATH 4:30  
 20. AUTOPSY? YES  NO

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  
 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  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from 9-9-1950 to 9-14-1950, that I last saw the deceased alive on 9-14-1950, and that death occurred at 3-a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) (Albert M. Estes) M.D. 23b. ADDRESS Cape Girardeau 714 Bd. Quay 23c. DATE SIGNED Nov 9-19-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Sept. 17, 50 24c. NAME OF CEMETERY OR CREMATORY Mounds 24d. LOCATION (City, town, or county) (State) Near New Madrid, Mo.

DATE REC'D BY LOCAL REG. 9-24-1950 REGISTRAR'S SIGNATURE C. C. Summers 44 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Richards Undertaking Co. New Madrid

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

2164

RECORDED  
OCT 2 1954  
MINISTRY OF HEALTH  
OTTAWA

**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 Embalmer No. ....

Signed: Donald L. Roberts

Signed.....  
Student Embalmer

Licensed Embalmer No. 4722

P. O. Address: New Market, Ont.

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

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