

FILED JAN 22 1951

STANDARD CERTIFICATE OF DEATH

State File No. 1824

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Marion	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal	
d. FULL NAME OF HOSPITAL OR INSTITUTION Levering Hosp.		d. STREET ADDRESS (If rural, give location) 203 North Fourth	

3. NAME OF DECEASED (Type or Print) a. (First) Willie Zelta Camery b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) January 10, 1951
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH January 31, 1879	9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 12 HRS. 71 11 9
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Clarence Missouri	12. CITIZEN OF WHAT COUNTRY? U S A
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13a. FATHER'S NAME James Robert Farrell	13b. MOTHER'S MAIDEN NAME Anne McGee	14. NAME OF HUSBAND OR WIFE Frank S. Camery
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME Harry S. Camery	ADDRESS Hannibal Missouri
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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) Chronic active nephritis.		INTERVAL BETWEEN ONSET AND DEATH 5 yrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c)		592x
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Rheumatoid Arthritis.		5 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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
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22. I hereby certify that I attended the deceased from 11-13-46, 19, to 1-10-51, 19, that I last saw the deceased alive on 1-10-51, 19, and that death occurred at 6:25 P.m., from the causes and on the date stated above.

23a. SIGNATURE J. H. [Signature]	(Degree or title) M. D.	23b. ADDRESS 100 N. Sixth, Hannibal, Mo.	23c. DATE SIGNED 1-12-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1/13/51	24c. NAME OF CEMETERY OR CREMATORY Maplewood	24d. LOCATION (City, town, or county) (State) Clarence Missouri
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DATE REC'D BY LOCAL REG. 1-13-1951	REGISTRAR'S SIGNATURE Dr. E. M. Lucke	25. FUNERAL DIRECTOR'S SIGNATURE H. C. Crawford	ADDRESS Hannibal Missouri
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(Licensed Embalmer's Statement on Reverse Side)

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

0644

JAN 18 1951

RECEIVED

ARIZONA CO. HEALTH DEPT.

DATE FILED JAN 20 1951

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.....

Signed.....
Student Embalmer

Licensed Embalmer No. 4540

P. O. Address Hannibal Missouri

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.