S. No. 300
. 10-48

FILED JUN 22 1951

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

19713

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 75 PRIMARY REG. DIST. NO. 3015 Registrar's No. 46

1. PLACE OF DEATH
a. COUNTY Clinton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cameron
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Community Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE Mo.
b. COUNTY Caldwell
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kidder township
d. STREET ADDRESS (If rural, give location) Wyckoff school 1 mile South 1 mile East

3. NAME OF DECEASED (Type or Print) a. (First) Ettie b. (Middle) Alice c. (Last) Morrison

4. DATE OF DEATH (Month) 6 (Day) 2 (Year) 51

5. SEX F 1
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 1
8. DATE OF BIRTH Sept. 16 1885
9. AGE (In years last birthday) 65 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house wife
10b. KIND OF BUSINESS OR INDUSTRY house work
11. BIRTHPLACE (State or foreign country) Kansas 1
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Daniel W Curtner
13b. MOTHER'S MAIDEN NAME Dowd.
14. NAME OF HUSBAND OR WIFE Bert Morrison

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. none
17. INFORMANT'S SIGNATURE OR NAME Bert Morrison ADDRESS Cameron Mo

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of left Breast — INTERVAL BETWEEN ONSET AND DEATH 10 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Metastasis to Bones - Rt femur & pelvis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 170 X
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 26, 19 50, *to* June 2, 19 51, *that I last saw the deceased alive on* June 2, 19 51, *and that death occurred at* 1:41 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE L. D. Kines (Degree or title) MDO
23b. ADDRESS Cameron Mo
23c. DATE SIGNED 6-4-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial (-)
24b. DATE 6/4/51
24c. NAME OF CEMETERY OR CREMATORY Winston
24d. LOCATION (City, town, or county) Winston (State) Mo

DATE REC'D BY LOCAL REG. 6-11-51
REGISTRAR'S SIGNATURE Winifred W. Moser 340
25. FUNERAL DIRECTOR'S SIGNATURE Poland Funeral Home ADDRESS Cameron

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
JUN 18 1951
DISTRICT HEALTH OFFICE
CAMERON, MO.

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 Robert F. Poland

Licensed Embalmer No. 4777

P. O. Address 222 West 3rd St Cameron Mo.

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.