

FILED NOV 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

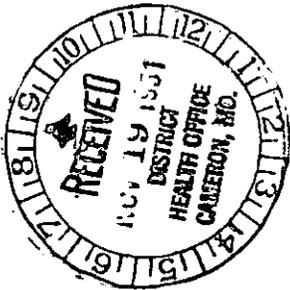
State File No. 36717

251

BIRTH NO. _____ REG. DIST. NO. 75 PRIMARY REG. DIST. NO. 3015 Registrar's No. 85

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|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY CLINTON | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE MISSOURY b. COUNTY CLINTON | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CAMERON | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CAMERON | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 523 North Orange | | d. STREET ADDRESS (If rural, give location) 523 North Orange | |
| 3. NAME OF DECEASED (Type or Print) CYNTHIA | | 4. DATE OF DEATH (Month) (Day) (Year) 11 13 51 | |
| 5. SEX F | | 6. COLOR OR RACE W | |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH Dec 10 - 1869 | |
| 9. AGE (In years last birthday) 82 | | 10. IF UNDER 1 YEAR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY House work | |
| 11. BIRTHPLACE (State or foreign country) Kentucky | | 12. CITIZEN OF WHAT COUNTRY? Tenn USA | |
| 13a. FATHER'S NAME Fletcher Stanfill | | 13b. MOTHER'S MAIDEN NAME Hannah Beach | |
| 14. NAME OF HUSBAND OR WIFE C D Sweet | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | |
| 16. SOCIAL SECURITY NO. NONE | | 17. INFORMANT'S SIGNATURE OR NAME C D Sweet | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | | 19. MEDICAL CERTIFICATION | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage | | INTERVAL BETWEEN ONSET AND DEATH 1 Day | |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | ANTECEDENT CAUSES DUE TO (b) High blood pressure | |
| Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | 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 331X | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 21. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 21f. HOW DID INJURY OCCUR? | | 22. I hereby certify that I attended the deceased from Nov 3, 1951, to Nov 15, 1951, that I last saw the deceased alive on 11-12, 1951, and that death occurred at 8 a. m., from the causes and on the date stated above. | |
| 23a. SIGNATURE A O Greenland (Degree or title) | | 23b. ADDRESS Cameron Mo 63514 | |
| 23c. DATE SIGNED 11-16-51 | | 24. BURIAL, CREMATION, REMOVAL (Specify) Burial | |
| 24a. DATE 11-16-51 | | 24b. NAME OF CEMETERY OR CREMATORY Island Cem | |
| 24c. LOCATION (City, town, or county) Hamilton | | 24d. (State) Mo | |
| DATE REC'D BY LOCAL REG. 11-16-51 | | REGISTRAR'S SIGNATURE 314 Roland W. Moser | |
| 25. FUNERAL DIRECTOR'S SIGNATURE | | ADDRESS Roland Funeral Home Cameron | |

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



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 J. Poland

Licensed Embalmer No. 4777 Ches.
222

P. O. Address Cameron Md.

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.