

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **18341**
Registrar's No. **33**

BIRTH NO. _____		REG. DIST. NO. 75	PRIMARY REG. DIST. NO. 3015	Registrar's No. 33	
1. PLACE OF DEATH a. COUNTY Clinton			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Clinton		
b. CITY OR TOWN Cameron		c. LENGTH OF STAY (In this place) 25 days	c. CITY OR TOWN Cameron	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Cameron County Hosp			e. STREET ADDRESS (If rural, give location) 417 W Prospect		
3. NAME OF DECEASED a. (First) Amanda (Type or Print) Isabelle b. (Middle) Gage c. (Last) Gage			4. DATE OF DEATH (Month) (Day) (Year) 6 13 54		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widow	8. DATE OF BIRTH Apr 13 - 1879	9. AGE (In years last birthday) 75	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) at home		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (City and State or Foreign Country) Clay Co Mo		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME George Mc Clain		13b. MOTHER'S MAIDEN NAME Alasia Metter	14. NAME OF HUSBAND OR WIFE Sam J. Gage		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Carrie Gage 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma large Bowel DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1 yr
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) 153 X			
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 May 31 , 19 47 , to June 9 , 19 54 , that I last saw the deceased alive on May 13 , 19 54 , and that death occurred at 12:00 p.m. , from the causes and on the date stated above.					
23a. SIGNATURE J.P. Kruess		(Degree or title) MD	23b. ADDRESS Cameron Mo		23c. DATE SIGNED 6/15/54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-15-54	24c. NAME OF CEMETERY OR CREMATORY Siaceland	24d. LOCATION (City, town, or county) (State) Cameron Mo		
DATE REC'D BY LOCAL REG. 6-19-54	REGISTRAR'S SIGNATURE Wimfred W. Moser	390-0	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Poland Funeral Home Cameron		

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed *Robert F. Polansky*

Licensed Embalmer No. *50047*

P. O. Address *Cambridge*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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