

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008789
STATE FILE NUMBER

FILED APR 8 1959 Registration District No. 75 Primary Registration District No. 3015 Registrar's No. 27

300
1-57

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 (If outside corporate limits, give TOWNSHIP only) OR TOWN Cameron		c. CITY OR TOWN Cameron	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Comm. Hospital		d. STREET ADDRESS (If outside, give location) 111 So. Walnut	
3. NAME OF DECEASED (Type or print) ELSIE MAE INNIS		4. DATE OF DEATH Mar. 26, 1959	
5. SEX female	6. COLOR OR RACE cauc.	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 18, 1913
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (City and state or country) Caldwell Co. Mo.	
13a. FATHER'S NAME Elmer Rogers		14. NAME OF HUSBAND OR WIFE J.C. Innis	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		17. INFORMANT J.C. Innis Cameron, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Edema, acute DUE TO (b) Bilateral Adenocarcinoma of Lung DUE TO (c) Adenocarcinoma of pelvis & Abdominal Organs PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1992			INTERVAL BETWEEN ONSET AND DEATH 3 days ? ?
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from March 1935 to March 26, 1959 and last saw her alive on March 26, 1959 Death occurred at 7:05 p m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>[Signature]</i> (Degree or title) D.O.		22b. ADDRESS Cameron, Mo.	
22c. DATE SIGNED 3-28-59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3-29-59	
23c. NAME OF CEMETERY OR CREMATORY Hamilton		23d. LOCATION (City, town, or county) (State) Hamilton, Mo.	
24. FUNERAL DIRECTOR Poland Funeral Home, Cameron, Mo.		25. DATE RECD. BY LOCAL REG. 3-29-59	
26. REGISTRAR'S SIGNATURE <i>[Signature]</i>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

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. Poland

Licensed Embalmer No. 4777

P. O. Address 232
Cameron

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.