

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **15295**

No. 300  
10.48

**FILED JUN 6 1949**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **75** PRIMARY REG. DIST. NO. **3015** Registrar's No. **33**

1. PLACE OF DEATH a. COUNTY <b>Clinton</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Clinton</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Cameron</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Cameron</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Cameron Community Hosp</b>		d. STREET ADDRESS (If rural, give location) <b>803 W 3rd St</b>	

3. NAME OF DECEASED (Type or Print) <b>William Henry Early</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>5 25 49</b>		
a. (First)	b. (Middle)	c. (Last)			

5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED/NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Nov 23, 1874</b>	9. AGE (In years last birthday) <b>72</b>	10. UNDER 1 YEAR Months	10. UNDER 1 YEAR Days	10. UNDER 1 YEAR Hours	10. UNDER 1 YEAR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Building contractor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Contracting</b>		11. BIRTHPLACE (State or foreign country) <b>Brekenridge MD</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		

13a. FATHER'S NAME <b>John Henry Early</b>	13b. MOTHER'S MAIDEN NAME <b>Cynthia Barnett</b>	14. NAME OF HUSBAND OR WIFE <b>Nathie Agnes Early</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>✓</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Nathie Agnes Early</b>	ADDRESS <b>Cameron</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic MyoCarditis</b>		INTERVAL BETWEEN ONSET AND DEATH  <b>9 yrs. 45, 22</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic Valvular Heart Disease</b>		
	DUE TO (c) <b>Neurologic gastric Cancer</b>		
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	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) (m.)	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 \_\_\_\_\_, 19\_\_\_\_, to **May 25, 1949**, that I last saw the deceased alive on **25 May, 1949**, and that death occurred at **1:50 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Starkins MD</b>	23b. ADDRESS <b>Cameron, Mo</b>	23c. DATE SIGNED <b>5-26-49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>5-28-49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Broadland</b>	24d. LOCATION (City, town, or county) (State) <b>Cameron MD</b>
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DATE REC'D BY LOCAL REG. <b>5-27-49</b>	REGISTRAR'S SIGNATURE <b>Winifred W. Mosler</b>	390	25. FUNERAL DIRECTOR'S SIGNATURE <b>Poland Funeral Home</b>	ADDRESS <b>Cameron</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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. 318

working under my personal supervision.

Signed Robert H. Palank  
Student Embalmer

Signed George P. Trammell

Licensed Embalmer No. 4420

P. O. Address 224 West 4th

Clemson, 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.