

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

FILED OCT 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33343**

BIRTH NO. _____		REG. DIST. NO. 75		PRIMARY REG. DIST. NO. 3015		Registrar's No. 71			
1. PLACE OF DEATH a. COUNTY CLINTON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY CLINTON					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CAMERON		c. LENGTH OF STAY (in this place) 79		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CAMERON		2			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) D					
3. NAME OF DECEASED (Type or Print) a. (First) Nannie b. (Middle) Maidie c. (Last) THOMAS			4. DATE OF DEATH (Month) (Day) (Year) OCT 10 1949						
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH Jan. 5-1870			
9. AGE (In years last birthday) 79		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) Housekeeper			10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) CAMERON, MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME OVID THOMAS			13b. MOTHER'S MAIDEN NAME SARAH REED			14. NAME OF HUSBAND OR WIFE Deceased - P			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. -		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Addie Thomas 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia- bronchial				DUPLICATE				4 days	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility									
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				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)		ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 June , 19 10 , to 10-10 , 19 49 , that I last saw the deceased alive on 10-1 , 19 49 and that death occurred at 11:00 Am. , from the causes and on the date stated above.									
23a. SIGNATURE (Deceased or title) W. W. Moser M.D.				23b. ADDRESS Cameron MO		23c. DATE SIGNED 10-11-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE OCT. 12-1949		24c. NAME OF CEMETERY OR CREMATORY GraceLand		24d. LOCATION (City, town, or county) (State) CAMERON MO.			
DATE REC'D BY LOCAL REG. 10-12-49		REGISTRAR'S SIGNATURE Winifred W. Moser		390 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS DeMoss CRUNK CAMERON, MO.					

OCT 2 1949



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.

Signed.....

Per [Signature]

Signed.....

Student Embalmer

Licensed Embalmer No. 2533

P. O. Address 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.