

FILED JUN 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16203**

BIRTH NO. _____ REG. DIST. NO. **75** PRIMARY REG. DIST. NO. **3015** Registrar's No. **42**

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

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, write RURAL and give township) OR TOWN CAMERON		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CAMERON	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location). 705 N MAIN	
d. FULL NAME OF HOSPITAL OR INSTITUTION 705 N MAIN			

3. NAME OF DECEASED a. (First) ELMER GALUCIA		b. (Middle)		c. (Last) ENTRIKIN		4. DATE OF DEATH (Month) (Day) (Year) 5 13 50	
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH Sept 19 - 1866	
9. AGE (In years last birthday) 83		10. KIND OF BUSINESS OR INDUSTRY Retired Carpenter		11. BIRTHPLACE (State or foreign country) Columbus Ohio		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Calvin B Entekin		13b. MOTHER'S MAIDEN NAME ANNAM KING		14. NAME OF HUSBAND OR WIFE Rutha Entekin Cameron	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No.		17. INFORMANT'S SIGNATURE OR NAME Mrs. Rutha Entekin Cameron	

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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy		INTERVAL BETWEEN ONSET AND DEATH 5 days	
ANTECEDENT CAUSES		DUE TO (b) Generalized arteriosclerosis		334X	
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		10 yrs.	
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 5, 1950**, to **May 13, 1950**, that I last saw the deceased alive on **May 13, 1950**, and that death occurred at **11:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE C. S. Compton (Degree or title)		23b. ADDRESS Cameron Mo		23c. DATE SIGNED 5/15/50	
---	--	--------------------------------	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-15-50		24c. NAME OF CEMETERY OR CREMATORY Euclid Cem.		24d. LOCATION (City, town, or county) (State) Cameron Mo.	
---	--	--------------------------	--	---	--	--	--

DATE REC'D BY LOCAL REG. 5-18-50		REGISTRAR'S SIGNATURE Winifred W. Mosley 390		25. FUNERAL DIRECTOR'S SIGNATURE Poland Funeral Home		ADDRESS Cameron	
---	--	--	--	---	--	------------------------	--



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 F Poland

Licensed Embalmer No. 47744

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.