.S. No. 300
Rev. 10.48

FILED NOV 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36716

BIRTH NO. _____ REG. DIST. NO. 75 PRIMARY REG. DIST. NO. 3015 Registrar's No. 86

0251
1

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

1. PLACE OF DEATH
a. COUNTY: Clinton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cameron
c. LENGTH OF STAY (in this place): 3 Mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 207 West Dodge

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: Buchanan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joe 0117
d. STREET ADDRESS (If rural, give location): 2210 Felix St. 1

3. NAME OF DECEASED (Type or Print)
a. (First): ~~Mary~~ MAM
b. (Middle): ~~F~~
c. (Last): Rifenbary

4. DATE OF DEATH (Month) (Day) (Year): Nov 11 -51

5. SEX: f 1
6. COLOR OR RACE: w.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Oct 5-1868
9. AGE (In years last birthday): 84 — 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): House wife
10b. KIND OF BUSINESS OR INDUSTRY: House Work
11. BIRTHPLACE (State or foreign country): Penn. 1
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Nathaniel Feitch
13b. MOTHER'S MAIDEN NAME: — Swarts
14. NAME OF HUSBAND OR WIFE: Frank A. Rifenbary

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Ruth Camon Camerson — ADDRESS: 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Leukemia, Chronic
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Myelogenetic
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

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 2041
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1950, 19__, *to* 11-11, 1951, *that I last saw the deceased alive on* 11-11, 1951, *and that death occurred at* 6:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. D. Kimes MD
23b. ADDRESS: Cameron Mo
23c. DATE SIGNED: 11-11-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial A.
24b. DATE: 11-13-51
24c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cem
24d. LOCATION (City, town, or county): St. Joseph (State): MO

DATE REC'D BY LOCAL REG.: 11-16-51
REGISTRAR'S SIGNATURE: Winifred W. Moser 390-0
25. FUNERAL DIRECTOR'S SIGNATURE: Poland Funeral Home — ADDRESS: Cameron

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
NOV 19 1931
DISTRICT
HEALTH OFFICE
CAMERON, MO.

Body was removed to ~~Bowman~~ 'Heaton Bowman Home St. Joe. Mo. Was not embalmed by the below signature.

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. 4277

P. O. Address 222 West 3rd St. 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.