

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4386

FILED MAR 10 1952

BIRTH NO. _____ REG. DIST. NO. 75 PRIMARY REG. DIST. NO. 3015 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY <u>CLINTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>CLINTON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CAMERON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CAMERON</u>	
c. LENGTH OF STAY (in this place) <u>80 yr.</u>		d. STREET ADDRESS (If rural, give location) <u>613 West PRAIRIE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>613 West PRAIRIE</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>Willis</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 25 52</u>		
5. SEX <u>F 3</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Dec. 25-1854</u>		9. AGE (In years last birthday) <u>97</u>		10. IF UNDER 1 YEAR Months _____ Days _____	
11. IF UNDER 2 HRS. Hours _____ Min. _____		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MAID</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>retired</u>	
11. BIRTHPLACE (State or foreign country) <u>Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			

13a. FATHER'S NAME <u>No Record</u>		13b. MOTHER'S MAIDEN NAME <u>Mandy Morrison</u>		14. NAME OF HUSBAND OR WIFE <u>John Willis</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or known) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>JANIE CALDWELL</u> ADDRESS <u>CAM. MO.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Cardiac failure</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac failure</u>			
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		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)	
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 7-11 1942 to 2-25 1952 that I last saw the deceased alive on 2-25 1952 and that death occurred at 21 yr. from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title)		23b. ADDRESS <u>Cameron, Mo.</u>		23c. DATE SIGNED <u>2-28-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>2-27-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MCDANIEL Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>CAMERON Missouri</u>		DATE REC'D BY LOCAL REG. <u>3-5-52</u>		REGISTRAR'S SIGNATURE <u>Wimfred W. Moser</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>[Address]</u>			

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. _____

working under my personal supervision.

Student
Student Embalmer

Signed Robert F. Poland

Licensed Embalmer No. 4777

P. O. Address 222 West 3th 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.