

STANDARD CERTIFICATE OF DEATH

12414

FILED MAY 13 1952

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 75 PRIMARY REG. DIST. NO. 3015 Registrar's No. 37

251
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>CLINTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Caldwell</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cameron</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>HAMILTON</u>	
c. LENGTH OF STAY (In this place) <u>26 da</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cameron Hospital</u>			

3. NAME OF DECEASED (Type or Print) <u>Jessie Janette McCrary</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5-3-1952</u>		
a. (First)	b. (Middle)	c. (Last)	5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>
8. DATE OF BIRTH <u>4-7-1859</u>	9. AGE (In years, last birthday) <u>93</u>	10. MONTHS <u>0</u>	11. HOURS <u>26</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	13. COUNTRY <u>U.S.A.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Port Elgin Canada</u>	

13a. FATHER'S NAME <u>James Turner</u>		13b. MOTHER'S MAIDEN NAME <u>Janette Henderson</u>		14. NAME OF HUSBAND OR WIFE <u>Silas McCrary</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. J. D. Walker Hamilton Mo</u>	
17. ADDRESS		ADDRESS			

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* <u>Adenocarcinoma of Lungs.</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Adenocarcinoma of nose & upper lip.</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Generalized Arteriosclerosis</u> <u>Advanced Age</u>							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>160x</u>		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 Apr 19, 1952, to May 3, 1952, that I last saw the deceased alive on May 2, 1952, and that death occurred at 5:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. D. Bloom</u>		23b. ADDRESS <u>Cameron Mo.</u>		23c. DATE SIGNED <u>5-4-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>5-5-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Highland</u>		24d. LOCATION (City, town, or county) (State) <u>Hamilton Mo</u>	
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DATE REC'D BY LOCAL REG. <u>5-8-52</u>		REGISTRAR'S SIGNATURE <u>Winifred W. Moser</u>		390. FUNERAL DIRECTOR'S SIGNATURE <u>Bram Tarsal Home Hamilton</u>		ADDRESS	
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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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed

Student Embalmer No.....
R. Lester Brown

Licensed Embalmer No. *147*

P. O. Address *Hamlet, N.C.*

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.