

FILED JUN 10 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15915

State File No.

BIRTH NO.		REG. DIST. NO. <u>75</u>	PRIMARY REG. DIST. NO. <u>3015</u>	Registrar's No. <u>44</u>
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>CLINTON</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>CAMERON</u>		
c. LENGTH OF STAY (in this place) <u>6 wks</u>		d. STREET ADDRESS (If rural, give location) <u>227 South Walnut</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>275 South Walnut</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 4 1952</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>ELIZ</u> b. (Middle) <u>JANE</u> c. (Last) <u>OFFUTT</u>		5. SEX <u>f</u> 6. COLOR OR RACE <u>w</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>APRIL 11-1871</u>		9. AGE (In years last birthday) <u>81</u> If UNDER 1 YEAR Months Days If UNDER 2 HRS. Hours Min.
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 <u>House work</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>THOMAS SCOTT</u>		
13b. MOTHER'S MAIDEN NAME <u>ELIZ. CRAWFAY</u>		14. NAME OF HUSBAND OR WIFE <u>Ralph Offutt</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Flo Gibson</u> ADDRESS <u>Cameron Mo</u>
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Leukemia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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)
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 <u>7-1</u> , 19 <u>47</u> , to <u>June 4</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>June 4</u> , 19 <u>52</u> and that death occurred at <u>7:00</u> m., from the causes and on the date stated above.				
23a. SIGNATURE <u>[Signature]</u> (Degree or title)		23b. ADDRESS <u>Cameron Missouri</u>		23c. DATE SIGNED <u>June 6, 1952</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-6-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Graceland Cam</u>
24d. LOCATION (City, town, or county) (State) <u>Cameron Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wimfred W. Moser</u> ADDRESS <u>Poland Funeral Home Cameron</u>		
DATE REC'D BY LOCAL REG. <u>6-7-52</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		

(Licensed Embalmer's Statement on Reverse Side)

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 Poland

Licensed Embalmer No. 4747

222 West 32 St

P. O. Address London Ave.

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.