

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

41829

State File No. _____

FILED DEC 22 1952

BIRTH NO. _____		REG. DIST. NO. <u>75</u>		PRIMARY REG. DIST. NO. <u>3015</u>		Registrar's No. <u>98</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>Clinton</u>		b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Cameron</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>CAMERON</u>		d. STREET ADDRESS (If rural, give location) <u>418 West 3th.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>414 W 3rd</u>		c. LENGTH OF STAY (in this place)		b. COUNTY <u>CLINTON</u>		e. DATE OF DEATH (Month) (Day) (Year) <u>12 12 52</u>	
3. NAME OF DECEASED (Type or Print) <u>Emma Vinna</u>		a. (First)		b. (Middle) <u>STAFFORD</u>		c. (Last)	
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u>		8. DATE OF BIRTH <u>Apr. 25 1873</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>		11. BIRTHPLACE (State or foreign country) <u>Jackson Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Peter S. Dickhut</u>		13b. MOTHER'S MAIDEN NAME <u>Edna Ann Sweetland</u>		14. NAME OF HUSBAND OR WIFE <u>Widow</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>486-24-8037</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ruth Mullenice</u>		ADDRESS <u>Kino</u>	
18. CAUSE OF DEATH				MEDICAL CERTIFICATION			
Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				INTERVAL BETWEEN ONSET AND DEATH <u>immediat</u>			
				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"/>		4201	
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on <u>Dec 12, 1952</u> , and that death occurred at <u>7 AM</u> m. from the causes and on the date stated above.							
23a. SIGNATURE <u>A. H. Templeman, D.O., Coroner Clinton County</u>				23b. ADDRESS <u>Cameron Mo</u>		23c. DATE SIGNED <u>Dec 12, 1952</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-15-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lee Summit</u>		24d. LOCATION (City, town, or county) (State) <u>Lee Summit MO</u>	
DATE REC'D BY LOCAL REG. <u>12-18-52</u>		REGISTRAR'S SIGNATURE <u>Winifred W. Moser</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Pland Funeral Home</u>		ADDRESS <u>Cameron</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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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. Polow

Licensed Embalmer No. *4777*

P. O. Address *Cameron*

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.