V.S. No. 300
Rev. 10.48

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

659

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 70 PRIMARY REG. DIST. NO. 5278 Registrar's No. 13

0230
1

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

1. PLACE OF DEATH
a. COUNTY Clark
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kahoka rural
c. LENGTH OF STAY (in this place) 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Jackson Tp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY Clark
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wyaconda rural
d. STREET ADDRESS (If rural, give location) 0230

3. NAME OF DECEASED (Type or Print) a. (First) Maria b. (Middle) East c. (Last) Cameron

4. DATE OF DEATH (Month) (Day) (Year) Feb. 2 1953

5. SEX female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH Oct. 11-1869
9. AGE (In years last birthday) 83 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) Housekeeping
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.a.

13a. FATHER'S NAME Samuel East
13b. MOTHER'S MAIDEN NAME Clarissa Clark
14. NAME OF HUSBAND OR WIFE John B Cameron

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Frank Cameron ADDRESS Wyaconda

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) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH one day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary degeneration yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 4201

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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 _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE H B Mathies D.C. (Degree or title) 1
23b. ADDRESS Kahoka Mo.
23c. DATE SIGNED 2/4/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Feb. 4-1953
24c. NAME OF CEMETERY OR CREMATORY Kahoka Cem.
24d. LOCATION (City, town, or county) Kahoka (State) Mo.

DATE REC'D BY LOCAL REG. 2/3-53
REGISTRAR'S SIGNATURE H R Briggs 61
25. FUNERAL DIRECTOR'S SIGNATURE Settling Med. ADDRESS Kahoka

(Licensed Embalmer's Statement on Reverse Side)

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 Otis L. Gutting

Licensed Embalmer No. 2965

P. O. Address Lerray 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.