No. 300
10.48

FILED APR 14 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9182

BIRTH NO. _____ REG. DIST. NO. 75 PRIMARY REG. DIST. NO. 3015 Registrar's No. 29

251
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1. PLACE OF DEATH
a. COUNTY: Clinton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cameron
c. LENGTH OF STAY (In this place): 3 yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 319 West 3rd St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Clinton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cameron 0251
d. STREET ADDRESS (If rural, give location): 319 W 3rd St.

3. NAME OF DECEASED (Type or Print)
a. (First): Lorena
b. (Middle): Stuart
c. (Last): Jones

4. DATE OF DEATH (Month) (Day) (Year): 4-6-53

5. SEX: f
6. COLOR OR RACE: w
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept 13 1901
9. AGE (In years last birthday): 51 yr. | 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): House wife
10b. KIND OF BUSINESS OR INDUSTRY: House wife
11. BIRTHPLACE (City and State or Foreign Country): Texas
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Herbert Stuart
13b. MOTHER'S MAIDEN NAME: Edith Oliver
14. NAME OF HUSBAND OR WIFE: Wallace Jones

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

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): Carcinoma Cervix — INTERVAL BETWEEN ONSET AND DEATH: 2 yr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Uterus
DUE TO (c): Metastasis to Bowels

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: 171X
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* 1-24, 1953, *to* 4-6, 1953, *that I last saw the deceased alive on* 4-6, 1953, *and that death occurred at* 3:12 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. Jones (Degree or title) MD
23b. ADDRESS: Cameron, Mo
23c. DATE SIGNED: 4-7-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 4-8-53
24c. NAME OF CEMETERY OR CREMATORY: Dallas
24d. LOCATION (City, town, or county) (State): Dallas Texas

DATE REC'D BY LOCAL REG.: 4-8-53
REGISTRAR'S SIGNATURE: Winifred W. Moser
25. FUNERAL DIRECTOR'S SIGNATURE: Poland Funeral Home
ADDRESS: Cameron Mo

(Licensed Embalmer's Statement on Reverse Side)

392-6

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

MAY 16 1955

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 [illegible]

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.