

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21080

State File No.

5. No. 300

v. 10-48

FILED JUL 7 - 1953

BIRTH NO. _____ REG. DIST. NO. 75 PRIMARY REG. DIST. NO. 5301 Registrar's No. 58

1. PLACE OF DEATH a. COUNTY <u>CLINTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>MO</u> b. COUNTY <u>CLINTON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CAmeron</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CAmeron Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1/4 Mile East of Cameron</u>		d. STREET ADDRESS (If rural, give location) <u>1/4 Mile East of Cameron</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ethal</u> b. (Middle) <u>Virginia Marie</u> c. (Last) <u>Mountain</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 2, 1953</u>	
5. SEX <u>7 /</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: (Specify) <u>married</u>	8. DATE OF BIRTH <u>Sept 22 - 1916</u>
9. AGE (In years last birthday) <u>36</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None info</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>Wagoner City Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Chas Russell</u>		13b. MOTHER'S MAIDEN NAME <u>Hazel Taggart</u>	
14. NAME OF HUSBAND OR WIFE <u>William Mountain</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	
16. SOCIAL SECURITY NO. <u>486-10-9673</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Chas Russell</u> ADDRESS <u>Cameron</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>Hemorrhage from Malignant</u> ANTECEDENT CAUSES DUE TO (b) <u>Precancerous Prostate</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fetus delivered by Autopsy Gestation 8 1/2 months?</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>Cancer - Clinton Co.</u>	
20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input 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? <u>6706</u>		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 <u>9:24</u> m., from the causes and on the date stated above.	
23a. SIGNATURE <u>Ott Reisman</u> (Degree or title) <u>Coroner, Clinton Co</u>		23b. ADDRESS <u>Latrop Mo</u>	
23c. DATE SIGNED <u>July 2-53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	
24b. DATE <u>7-6-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill</u>	
24d. LOCATION (City, town, or county) (State) <u>Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Winifred W. Mott</u> ADDRESS <u>Poland Funeral Home Cameron</u>	
DATE REC'D BY LOCAL REG. <u>7-3-53</u>		REGISTRAR'S SIGNATURE _____	

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

JUL 9 1955

NOV 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 J. Polard.

Licensed Embalmer No. 4777

P. O. Address 202 West 3rd St

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.