

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24237**
Registrar's No. **60**

FILED JUL 21 1953

BIRTH NO. _____ REG. DIST. NO. **75** PRIMARY REG. DIST. NO. **3015**

1. PLACE OF DEATH a. COUNTY LINTON		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE Missouri b. COUNTY LINTON	
b. CITY (If outside corporate limits, write RURAL and give township) Cameroon		c. CITY (If outside corporate limits, write RURAL and give township) Cameroon	
c. LENGTH OF STAY (in this place) LIFE		d. STREET ADDRESS (If rural, give location) 217 W. PROSPECT.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Cameroon Hosp.			

3. NAME OF DECEASED (Type or Print) a. (First) Julia b. (Middle) Hannah c. (Last) Hannah			4. DATE OF DEATH (Month) (Day) (Year) July 11 - 1953		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	
8. DATE OF BIRTH Sept. 17 - 1867		9. AGE (In years last birthday) 85		10. UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) County Kerry, Poland	
12. CITIZEN OF WHAT COUNTRY? US					

13a. FATHER'S NAME B. McQuinn		13b. MOTHER'S MARDEN NAME Mary Sullivan		14. NAME OF HUSBAND OR WIFE deceased John	
15. WAS DECEASED MEMBER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Mrs. Irene Cash ADDRESS K.B. 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac decompensation		INTERVAL BETWEEN ONSET AND DEATH 6 mo.	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis		DUE TO (c) Arteriosclerosis	
		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 4500		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 **2-16**, 19**52**, to **7-10**, 19**53**, that I last saw the deceased alive on **7-10**, 19**53**, and that death occurred at **6:00** a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature]		23b. ADDRESS Cameroon, Mo.		23c. DATE SIGNED 7-13-53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-13-53		24c. NAME OF CEMETERY OR CREMATORY Catholic Cemetery	
				24d. LOCATION (City, town, or county) (State) Cameroon MO	

DATE REC'D BY LOCAL REG. 7-18-53		REGISTRAR'S SIGNATURE Winifred W. Moser		25. FUNERAL DIRECTOR'S SIGNATURE DeMoss ADDRESS CRUICK Cameroon Mo	
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(Licensed Embalmer's Statement on Reverse Side)

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

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

James Clark

Licensed Embalmer No.

2533

P. O. Address

Cameron, Va

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.