

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

FILED AUG 4 - 1953

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

251
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Clinton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</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</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cameron Hospt.</u>		d. STREET ADDRESS (If rural, give location) <u>803 E. 2nd.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Pernie</u> b. (Middle) <u>Cleo</u> c. (Last) <u>Marks</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7-21-1953</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Apr. 15, 1889</u>	
9. AGE (In years last birthday) <u>64</u>		10. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Joseph, Mo.</u>	
13a. FATHER'S NAME <u>JAMES FAIRBANKS</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Frey</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>X</u>		16. SOCIAL SECURITY NO. <u>X ></u>	
17. INFORMANT'S SIGNATURE OR NAME <u>John Marks</u>		ADDRESS <u>803 E 2nd Cameron, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6mo</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above, cause (a) stating the underlying cause last. DUE TO (b) <u>Paronychia of right breast - adenocarcinoma</u>		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>170X</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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 <u>Feb. 22, 1952</u>, to <u>July 21, 1953</u>, that I last saw the deceased alive on <u>July 21, 1953</u>, and that death occurred at <u>2:20 p. m.</u>, from the causes and on the date stated above.			
23a. SIGNATURE (Name or title) <u>[Signature]</u>		23b. ADDRESS <u>Cameron Missouri</u>	
23c. DATE SIGNED <u>7/24/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-23-53</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Grove</u>		24d. LOCATION (City, town, or county) (State) <u>DeKalb Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7-29-53</u>		REGISTRAR'S SIGNATURE <u>Winifred W. Moser</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>W.E. Summerfield</u>		ADDRESS <u>Stuartville Mo.</u>	

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 W. E. Summerfield

Licensed Embalmer No. 3007

P. O. Address Stewartville, 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.