S. No. 300
v. 10.48

FILED AUG 24 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28085

BIRTH NO. _____ REG. DIST. NO. 75 PRIMARY REG. DIST. NO. 3015 Registrar's No. 74

0251

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):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 403 N Walnut

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): 403 N Walnut 0

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): Alice
c. (Last): Harris

4. DATE OF DEATH (Month) (Day) (Year): 8 11 53

5. SEX: F 1
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow.
8. DATE OF BIRTH: 12-18-1865
9. AGE (In years last birthday): 87
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): at home.
10b. KIND OF BUSINESS OR INDUSTRY: Home Keeping
11. BIRTHPLACE (City and State or Foreign Country): Gallatin Mo.
12. CITIZEN OF WHAT COUNTRY?: USA.

13a. FATHER'S NAME: John T Tipton
13b. MOTHER'S MAIDEN NAME: Mercy Bard
14. NAME OF HUSBAND OR WIFE: E A Harris.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Lloyd Harris
ADDRESS: Cameron

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: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Myocarditis — 15 years
DUE TO (c)

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: 4201
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* 1-26, 1953 *to* 8-11, 1953, *that I last saw the deceased alive on* 8-11, 1953, *and that death occurred at* 1:10 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): G. F. Netherton MD
23b. ADDRESS: Cameron Mo
23c. DATE SIGNED: 8-13-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Entombment
24b. DATE: 8-13-53
24c. NAME OF CEMETERY OR CREMATORY: Greenland Mausoleum
24d. LOCATION (City, town, or county) (State): Cameron Mo

DATE REC'D BY LOCAL REG.: 8-20-53
REGISTRAR'S SIGNATURE: Winifred W. Moser 390-5
25. FUNERAL DIRECTOR'S SIGNATURE: Poland Funeral Home
ADDRESS: Cameron

(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 Robert F Poland

Licensed Embalmer No. 4774 [illegible]

P. O. Address [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.