

No. 300
10-48
0650

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39734

State File No.

FILED DEC 9 1953

Registrar's No. 75

BIRTH NO. REG. DIST. NO. 210 PRIMARY REG. DIST. NO. 432

1. PLACE OF DEATH
a. COUNTY **Mercer**
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Princeton**
c. LENGTH OF STAY (In this place) **3 days**
d. FULL NAME OF HOSPITAL OR INSTITUTION **Lambert Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri**
b. COUNTY **Harrison**
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Cainsville** 0410
d. STREET ADDRESS (If rural, give location) **1**

3. NAME OF DECEASED (Type or Print)
a. (First) **Clifford**
b. (Middle) **-----**
c. (Last) **Addison**
4. DATE OF DEATH (Month) (Day) (Year) **November 12 1953**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **April 7, 1913** 9. AGE (In years last birthday) **40** 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) **Service station** 10b. KIND OF BUSINESS OR INDUSTRY **Car service station** 11. BIRTHPLACE (State or foreign country) **Cainsville, Missouri** 12. CITIZEN OF WHAT COUNTRY? **U. S. A.**

13a. FATHER'S NAME **Ernest Addison** 13b. MOTHER'S MAIDEN NAME **Blanche Zimmerman** 14. NAME OF HUSBAND OR WIFE **Frances Addison**

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. **487-07-1364** 17. INFORMANT'S SIGNATURE OR NAME **Frances Addison** ADDRESS **Cainsville, 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.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Carcinomatosis** (b) **Carcinoma of adenoids** (c) **-----**
II. OTHER SIGNIFICANT CONDITIONS
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
Conditions contributing to the death but not related to the disease or condition causing death.
19a. DATE OF OPERATION **11/11/53** 19b. MAJOR FINDINGS OF OPERATION **146X** 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) (Min.) 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 **May 25, 1952** to **Nov 12, 1953**, that I last saw the deceased alive on **Nov 12, 1953**, and that death occurred at **10:40A m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Marian Lambert M. D.** 23b. ADDRESS **Princeton, Missouri** 23c. DATE SIGNED **11/14/53**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **11-15-53** 24c. NAME OF CEMETERY OR CREMATORY **Zoar Cemetery** 24d. LOCATION (City, town, or county) (State) **Cainsville, Missouri**

DATE REC'D BY LOCAL REG. **12-4-53** REGISTRAR'S SIGNATURE **Boal** 25. FUNERAL DIRECTOR'S SIGNATURE **[Signature]** ADDRESS **Cainsville, Mo.**

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

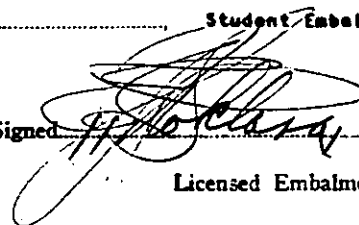
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, EDDIE J. STOKLASA

Eddie J. Stoklasa

Student Embalmer No. _____

working under my personal supervision.

Signed _____



Signed _____
Student Embalmer

Licensed Embalmer No. 3602

P. O. Address Cainsville, 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.