

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

State File No. **8072**
Registrar's No. **19**

FILED APR 12 1954

BIRTH NO. _____		REG. DIST. NO. 75		PRIMARY REG. DIST. NO. 3015		Registrar's No. 19		
I. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).				
a. COUNTY Clinton				a. STATE Mo		b. COUNTY Clinton		
b. CITY OR TOWN Cameron		c. LENGTH OF STAY (in this place) 6 weeks		c. CITY OR TOWN Cameron		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION Cameron Community				e. STREET ADDRESS (If rural, give location) 419 W 4th St. 025/0				
3. NAME OF DECEASED			4. DATE OF DEATH					
a. (First) Lorena	b. (Middle) Myrtle	c. (Last) BYE	Month 3	Day 3	Year 54			
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Dec 5, 1881		9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 12 HRS Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY same	11. BIRTHPLACE (City and State or Foreign Country) Taylor & Iowa			12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME J F Woodside		13b. MOTHER'S MAIDEN NAME Elizabeth Reasley		14. NAME OF HUSBAND OR WIFE W E Bye				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME W E Bye					ADDRESS Cameron 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bilateral Glomerulo Nephritis.				
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis.				
				DUE TO (c)				
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Multiple Cerebral Thrombosis.				
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) m.		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 July, 1953, to March 31, 1954, that I last saw the deceased alive on 3-31, 1954, and that death occurred at 4:00 p. m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Dr. Bloom				23b. ADDRESS 202 Cameron, Mo.		23c. DATE SIGNED 4-2-54		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-2-54	24c. NAME OF CEMETERY OR CREMATORY Clearfield cemetery		24d. LOCATION (City, town, or county) (State) Clearfield Iowa			
DATE REC'D BY LOCAL REG. 4-6-54		REGISTRAR'S SIGNATURE Winifred W. Moser		25. FUNERAL DIRECTOR'S SIGNATURE Poland Funeral Home, Cameron				

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

0251

MAY 13 1955

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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.....
Signature of Student Embalmer

Signed *Robert J. Poland*.....

Licensed Embalmer No. *4774*.....

P. O. Address *215 West 3 St
Camden, Pa*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.