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

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

26610

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 75 PRIMARY REG. DIST. NO. 3015 Registrar's No. 51

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Clayton</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission.) a. STATE <u>MO</u> b. COUNTY <u>Clayton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cameron</u>		c. CITY OR TOWN <u>Cameron</u>	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: <u>Community Hosp</u>		e. STREET ADDRESS (If rural, give location) <u>123 E Cornhill</u>	

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Jessie</u> b. (Middle) <u>Beelle</u> c. (Last) <u>Tracy</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Aug. 17 1954</u>		
<b>5. SEX</b> <u>Female</u>		<b>6. COLOR OR RACE</b> <u>W</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Married</u>		<b>8. DATE OF BIRTH</b> <u>Apr 24 - 1883</u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Music</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Teacher</u>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Cameron MO.</u>	

<b>13a. FATHER'S NAME</b> <u>Edward Thomas</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Jessie Bonham</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>W.E. Tracy</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		<b>16. SOCIAL SECURITY NO.</b> <u>none</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>W.E. Tracy</u>		<b>ADDRESS</b> <u>Cameron</u>

<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Disease of the Coronary Arteries - Embolism</u>  <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>1 day</u>	
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>4201</u>	

<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>Cameron MO</u>	
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>	
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22. I hereby certify that I attended the deceased from Aug 13, 1954, to Aug 17, 1954, that I last saw the deceased alive on Aug 17, 1954, and that death occurred at 8:04 pm., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> (Degree or title) <u>R.H. Templeman D.O.</u>		<b>23b. ADDRESS</b> <u>Cameron, Mo</u>		<b>23c. DATE SIGNED</b> <u>8-18-54</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>		<b>24b. DATE</b> <u>8-19-54</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Highland</u>		<b>24d. LOCATION</b> (City, town, or county) (State) <u>Cameron MO</u>
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<b>DATE REC'D BY LOCAL REG</b> <u>8-21-54</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Winifred W. Moser</u>		<u>390-0</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <u>Paul Funeral Home Cameron</u>	
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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 F. Poland*

Licensed Embalmer No. *47*

P. O. Address *222 ...*

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.