

FILED APR 27 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12673

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>210</u>	PRIMARY REG. DIST. NO. <u>4322</u>	Registrar's No. <u>32</u>
1. PLACE OF DEATH a. COUNTY <u>Mercer</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Mercer</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Princeton</u>		c. LENGTH OF STAY (in this place) <u>7 years</u>	c. CITY OR TOWN <u>Princeton</u>	d. Is 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>Lambert Hospital</u>		STREET ADDRESS (If rural, give location) <u>0650</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Elvia</u> b. (Middle) _____ c. (Last) <u>Clammonds</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4-18-55</u>		
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>11-29-1874</u>	9. AGE (In years last birthday) <u>80</u> 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) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Mercer Co., Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Richard Cain</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Myers</u>		14. NAME OF HUSBAND OR WIFE _____
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, specify known) (If yes, give branch or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Lee Coon Princeton, Mo</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial insufficiency</u>  ANTECEDENT CAUSES DUE TO (b) <u>Dilated Heart</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH _____
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) <u>Princeton MO</u>		
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>April 8</u> , 1955, to <u>Apr 18</u> , 1955, that I last saw the deceased alive on <u>April 19</u> , 1955, and that death occurred at <u>9:45 P. M.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>J. M. Perry, M.D.</u>		23b. ADDRESS <u>Princeton MO</u>	23c. DATE SIGNED <u>4-20-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>4-20-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St Paul</u>	24d. LOCATION (City, town, or county) (State) <u>Mercer Co., Mo</u>	
DATE REC'D BY LOCAL REG. <u>4-20-55</u>	REGISTRAR'S SIGNATURE <u>Neil Moss</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Noel Moss Princeton, Mo</u>		

WRITE PLAINLY—USING UNFAADING 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.....  
Signature of Student Embalmer

Signed *Paul Mack*.....  
Licensed Embalmer No. *26*.....  
P. O. Address *Princeton*.....

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.