

FILED JUL 19 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21553**
Registrar's No. **48**

BIRTH NO. _____		REG. DIST. NO. 75		PRIMARY REG. DIST. NO. 3015		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Clinton				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY Clinton			
b. CITY OR TOWN Cameron.		c. LENGTH OF STAY (In this place) 2 1/2 yr.		c. CITY OR TOWN Cameron.		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 Roberson Nursing Home.				e. STREET ADDRESS (If rural, give location) 710 N. Chestnut.			
3. NAME OF DECEASED (Type or Print) a. (First) MARY. b. (Middle) EMMA. c. (Last) Close.			4. DATE OF DEATH (Month) (Day) (Year) July 11 55				
5. SEX f		6. COLOR OR RACE w		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED		8. DATE OF BIRTH Nov 19 1867.	
9. AGE (In years last birthday) 87		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work		10b. KIND OF BUSINESS OR INDUSTRY House work		11. BIRTHPLACE (City and State or Foreign Country) CLAY COUNTY MO.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME C.B. Close.		13b. MOTHER'S MAIDEN NAME Sydney Corbin.		14. NAME OF HUSBAND OR WIFE NONE.	
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 Home Close 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Valvular Heart Disease & Decompensation INTERVAL BETWEEN ONSET AND DEATH 10 yrs ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 _____				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) 4214			
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 Apr 20, 1951 , to June 7, 1955 , that I last saw the deceased alive on June 7, 1955 , and that death occurred at 1245 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) J.D. Keen				23b. ADDRESS Cameron, Mo.		23c. DATE SIGNED 7-12-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE July 13-55		24c. NAME OF CEMETERY OR CREMATORY Osborn Cemetery		24d. LOCATION (City, town, or county) (State) Osborn MO.	
DATE REC'D BY LOCAL REG. 7-14-55		REGISTRAR'S SIGNATURE Winifred W. Moser		390- FUNERAL DIRECTOR'S SIGNATURE Poland & Cannon		ADDRESS Home Cameron	

(Licensed Embalmer's Statement on Reverse Side)

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

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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. *477*
222 West 3
P. O. Address *Canaan, N.Y.*

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.