

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-024535

FILED VS JUL 20 1959 75

Registration District No. 75 Primary Registration District No. 3015 Registrar's No. 55

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY CLINTON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY CLINTON									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CAMERON		Length of stay in 1b		c. CITY OR TOWN LATHROP		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION CAMERON, HOSPITAL			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Middle Last ETTA JANE JONES						4. DATE OF DEATH Month Day Year JULY 10, 59.							
5. SEX Female		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Nov. 21, 1874.		9. AGE (last birthday) 84		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper				10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) CLINTON, CO. MO.			12. CITIZEN OF WHAT COUNTRY U.S.A.				
13a. FATHER'S NAME DANIEL MOYER				13b. MOTHER'S MAIDEN NAME ISABELL BROWN.				14. NAME OF HUSBAND OR WIFE DECEASED					
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. NONE		17. INFORMANT Address MRS. FRANCES POWELL LATHROP No.							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pernicious Anemia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____										INTERVAL BETWEEN ONSET AND DEATH 10 yrs			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)									
20c. TIME OF INJURY Hour a.m. p.m.		Month, Day, Year											
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				20f. CITY, TOWN, OR LOCATION COUNTY STATE					
21. I attended the deceased from Jan 1, 1959 to July 10, 1959 and last saw her/him alive on July 9, 1959 Death occurred at 6:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) Edmond Walker, D.O.						22b. ADDRESS Lathrop, Mo.				22c. DATE SIGNED 7-12-59			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL			23b. DATE JULY 12, 59.		23c. NAME OF CEMETERY OR CREMATORY LATHROP CEMETERY.			23d. LOCATION (City, town, or county) (State) LATHROP, M.					
24. FUNERAL DIRECTOR ADDRESS DEMOSS CRUNK CAMERON, MO.						25. DATE RECD. BY LOCAL REG. 7-14-59		26. REGISTRAR'S SIGNATURE Francis D Crawford					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1959 AUG 7

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed DeMoss Crunk *De Moss*

Licensed Embalmer No. 2533

P. O. Address Cameron, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to
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.