

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-018757

FILED VS MAY 16 1960

75

Primary Registration District No. 3015

52

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY Clinton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Clinton	
b. CITY (If outside corporate limits, give TOWNSHIP only) Cameron		c. CITY OR TOWN Cameron	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cameron Hospt.		d. STREET ADDRESS (If outside, give location) 215 West 6th.	

3. NAME OF DECEASED (Type or print) First Middle Last Mary Ada Sloan			4. DATE OF DEATH Month Day Year May 8 1960		
5. SEX F	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-26-1874	9. AGE (last birthday) 85	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY self		11. BIRTHPLACE (City and state or country) Callaway Co Mo.	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13. FATHER'S NAME Henry Clay Owen		13. MOTHER'S MAIDEN NAME Eliz. Huddleston	
14. NAME OF HUSBAND OR WIFE Deceased		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, None or dates of service)			
16. SOCIAL SECURITY NO. None		17. INFORMANT Mr. Fred Sloan Cameron Mo.			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction DUE TO (b) Heart Disease DUE TO (c) Diabetes Mellitus		INTERVAL BETWEEN ONSET AND DEATH 10 days
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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	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 **June 13, 1959** to **May 8, 1960** and last saw her alive on **May 8, 1960**
Death occurred at **11:45 a.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J. H. Knieves M.D.		22b. ADDRESS Cameron, Mo.		22c. DATE SIGNED 5-9-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-10-60	23c. NAME OF CEMETERY OR CREMATORY Mirable Cemetery	23d. LOCATION (City, town, or county) (State) Mirable Mo.	

24. FUNERAL DIRECTOR Poland Funeral Home Cameron Mo.		25. DATE RECD. BY LOCAL REG. May 10, 1960	26. REGISTRAR'S SIGNATURE Francis D. Crawford
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Robert F. Valdez

Licensed Embalmer No. 477
P. O. Address 222 W. 1st St. Columbus

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.