

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**-61-016867-**  
STATE FILE NUMBER

Registration District No. 75 Primary Registration District No. 3015 Registrar's No. 53

AMENDED

**FILED JUN 2 1961**

1. PLACE OF DEATH a. COUNTY <b>Clinton</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Clinton</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Cameron</b>		c. CITY OR TOWN <b>Cameron</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Cameron Comm. Hosp.</b>		Length of stay in 1b <b>82 yrs.</b>	d. STREET ADDRESS (If outside, give location) <b>424 No. Chestnut</b>
		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>HARRIET</b> Middle <b>ELLEN</b> Last <b>COOPER</b>			4. DATE OF DEATH Month <b>May</b> Day <b>22</b> Year <b>1961</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Cauc.</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12-20-1878</b>	9. AGE (last birthday) <b>82</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>same</b>	11. BIRTHPLACE (City and state or country) <b>Caldwell Co. Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
13a. FATHER'S NAME <b>Henry Munson</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth E. Russell</b>		14. NAME OF HUSBAND OR WIFE <b>Deceased</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT <b>Russell Munson, Cameron, Mo.</b>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>arteriosclerotic heart disease</b>			<b>5 years</b>
DUE TO (b) <b>&amp; myocardial failure</b>			<b>3 days</b>
DUE TO (c) <b>intestinal obstruction</b>			<b>2 days</b>
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

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 <b>Cameron, Mo.</b>	COUNTY <b>Cameron</b>	STATE <b>Mo.</b>
21. I attended the deceased from <b>Jan 6, 1947</b> to <b>May 22, 1961</b> and last saw her alive on <b>May 22, 1961</b> Death occurred at <b>8:20 p.m.</b> on the date stated above, and to the best of my knowledge from the causes stated.				

22a. SIGNATURE <i>W. H. Limes</i> (Degree or title) <b>M.D.</b>	22b. ADDRESS <b>Cameron, Mo.</b>	22c. DATE SIGNED <b>5-23-61</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>5-24-1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Packard</b>
23d. LOCATION (City, town, or county) <b>Cameron, Mo.</b>		(State)

24. FUNERAL DIRECTOR <b>Poland Funeral Home, Cameron, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>May 25, 1961</b>	26. REGISTRAR'S SIGNATURE <i>Francis Crawford</i>
--	---	--

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

1961 JUN 2

**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 Laurence J. Thompson

Licensed Embalmer No. 4735

P. O. Address Cameron, La.

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.