

No. 500  
10. 48  
FILED NOV 27 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 37064

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 554

1. PLACE OF DEATH a. COUNTY HENRY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY HENRY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CLINTON		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CLINTON MISSOURI	
c. LENGTH OF STAY (in this place) 2 weeks		d. STREET ADDRESS (If rural, give location) 405 EAST FRANKLIN	
d. FULL NAME OF HOSPITAL OR INSTITUTION CLINTON GENL HOSP			

3. NAME OF DECEASED (Type or Print) a. (First) CECIL DWIGHT b. (Middle) CAMERON c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) NOV 19 1951		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 5/28 1872	9. AGE (In years last birthday) 79	10. UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) HENRY Co MO	12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME DELOS CAMERON	13b. MOTHER'S MAIDEN NAME MARY HINE	13c. NAME OF HUSBAND OR WIFE JESSIE CAMERON
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs C Cameron Clinton 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 10 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arteriosclerosis		
	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 4500	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	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 July 10 1949, to Nov 19 1951, that I last saw the deceased alive on Nov 19 1951, and that death occurred at 11:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE James O Smith M.D. (Degree or title)	23b. ADDRESS Clinton Missouri	23c. DATE SIGNED Nov. 21, 1951
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 11/21/51	24c. NAME OF CEMETERY OR CREMATORY ENGLEWOOD CEM.
DATE REC'D BY LOCAL REG Nov 21-51	REGISTRAR'S SIGNATURE Florence Adair	24d. LOCATION (City, town, or county) (State) CLINTON MO
25. FUNERAL DIRECTOR'S SIGNATURE J E Conser Clinton Mo		ADDRESS

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

RECEIVED NOV 20 1951

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed NOV 20 1951

DEC 7 1951

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 .....  
Student Embalmer

Signed

*J E Connelley*

Licensed Embalmer No. 1891

P. O. Address Clinton mo

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 this body is not embalmed, fact should be so stated above.