

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18442

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 367246 PRIMARY REG. DIST. NO. 6246 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>Washington</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u>	
b. CITY OR TOWN <u>Rural-Concord</u>	c. LENGTH OF STAY (in this place) <u>64 yrs</u>	c. CITY (if outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Concord Twp.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8 mi. S.E. Potosi</u>		d. STREET ADDRESS (If rural, give location) <u>8 mi. S.E. Potosi</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ANNA</u>	b. (Middle) <u>LENA</u>	c. (Last) <u>CAMILLO</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 20 1949</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>May 28, 1881</u>	9. AGE (In years last birthday) Months Days <u>67 11 22</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>SEBASTIAN GAU</u>	13b. MOTHER'S MARRIED NAME <u>Christine Mastert</u>	14. NAME OF HUSBAND OR WIFE <u>Joseph Camillo</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Christine Camillo</u> ADDRESS <u>6105 Vermont St. New York</u>
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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		INTERVAL BETWEEN ONSET AND DEATH  <u>3.34X</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Apoplexy</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio Sclerosis</u> DUE TO (c) <u>Valvular heart lesion</u>		
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"/>
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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 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 7-12, 1948, to 5-20, 1949, that I last saw the deceased alive on 5-16, 1949, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Joseph L. Thurman, M.D.</u>	23b. ADDRESS <u>Potosi, Mo</u>	23c. DATE SIGNED <u>5-21-1949</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5/23/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST. JAMES</u>	24d. LOCATION (City, town, or county) (State) <u>Potosi Mo.</u>
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DATE REC'D BY LOCAL REG. <u>May 25-1949</u>	REGISTRAR'S SIGNATURE <u>Missie Eichenberger</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Boyer Funeral Home</u> ADDRESS <u>Potosi, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

110

RECEIVED

District Health Officer No. 4  
File Number 649-742  
Date Filed 6-1-49

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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.

Signed Howard Higginbotham

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 45-78

P. O. Address Potosi, 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.