

No. 300
10-48

FILED AUG 6 1949

STANDARD CERTIFICATE OF DEATH

State File No. 23498
3078 Registrar's No.

BIRTH NO. 42947-49 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

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

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY La Fayette		
b. CITY OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 12 hrs	c. CITY OR TOWN Alma		54
d. FULL NAME OF HOSPITAL OR INSTITUTION The Childrens Mercy Hosp.			d. STREET ADDRESS (If rural, give location) X 00		
3. NAME OF DECEASED (Type or Print) Marcia Kay Hoovercamp			4. DATE OF DEATH (Month) (Day) (Year) July 8 1949		
5. SEX F	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH July 8, 1949	9. AGE (In years) (If under 1 year last birthday) 18	10. MONTHS 5
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Elmer Omer Hoovercamp		13b. MOTHER'S MAIDEN NAME Anna Marie Griffel		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Elmer Hoovercamp - Alma Mo	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity		MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH 18 hrs 5 min
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)			
	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 716K	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 July 8, 1949, to July 8, 1949 that I last saw the deceased - alive on July 8, 1949 and that death occurred at 10:22 p.m., from the causes and on the date stated above.

23a. SIGNATURE H.M. GILLESBY MD (Degree or title)	23b. ADDRESS 1624 Prof Bldg	23c. DATE SIGNED July 8 1949
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE July 9, 1949	24c. NAME OF CEMETERY OR CREMATORY Trinity Luth. Cem.	24d. LOCATION (City, town, or county) (State) Alma, La Fayette, Mo
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DATE REC'D BY LOCAL REG. 7-15-49	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE Alfred N. Brewer, Alma, Mo	ADDRESS
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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.....
Student Embalmer

Signed.....

Alfred N. Bremer
.....
Licensed Embalmer No. *7696*

P. O. Address *Alma, 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.