

FILED MAY 18 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17352

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 4788 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY <i>Lincoln</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Lincoln</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Moscow Mills</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Moscow Mills Mo. 0590</i>	
c. LENGTH OF STAY (In this place) <i>14 yr</i>		d. STREET ADDRESS (If rural, give location) <i>0</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)		a. (First) <i>PEARL</i>		b. (Middle) <i>CAMP</i>		c. (Last) <i>CAMP</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>5-5-50</i>		
5. SEX <i>M</i>		6. COLOR OR RACE <i>colored</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>		8. DATE OF BIRTH <i>10-3-1888</i>		9. AGE (In years last birthday) <i>61</i> IF UNDER 1 YEAR Months <i>7</i> Days <i>2</i> IF UNDER 24 HRS. Hours <i></i> Min. <i></i>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>laborer</i>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <i>Missouri</i>			12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	

13a. FATHER'S NAME <i>Hillen camp</i>		13b. MOTHER'S MAIDEN NAME <i>Pettie Bolden</i>		14. NAME OF HUSBAND OR WIFE <i>Jennie Camp</i>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>yes world war #2</i>		16. SOCIAL SECURITY NO. <i>488-18-9280</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Jennie Camp</i>		ADDRESS <i>Moscow Mills Mo</i>	
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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) <i>Myocardial Insufficiency</i>				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <i>Valvular Insufficiency</i>					
		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.				<i>4222</i>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <i>L. Bertha Hill</i> (Degree or title)		23b. ADDRESS <i>Troy Mo</i>		23c. DATE SIGNED <i>5/9/50</i>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>5-9-50</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Troy Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Troy Missouri</i>	
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DATE REC'D BY LOCAL REG. <i>May 9-1950</i>		REGISTRAR'S SIGNATURE <i>Emma B. Riddle</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Wayne Mc Coy</i>		ADDRESS <i>Troy Mo</i>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

District Health Officer No. 9.

RECEIVED

MAY 15 1950

MAY 3 1950

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed Wayne McBoyer

Licensed Embalmer No. 3586

P. O. Address Troy 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.