

FILED OCT 21 1950

STANDARD CERTIFICATE OF DEATH

State File No. 33456  
Registrar's No. 4169

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

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

|  |   |   |  |
|--|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas city mo</u> | c. LENGTH OF STAY (In this place) <u>1 yr</u> | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas city, mo, 29</u>                                     |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3215 Campbell, Manj's Conv. Home.</u>                   |   | d. STREET ADDRESS (If rural, give location) <u>4528 Forest 302</u>  |  |

|  |  |   |  |
|--|--|---|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Frank</u> b. (Middle) <u>Cameron</u> c. (Last) <u>Cameron</u> |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>9-25-50</u> |  |
|--|--|---|--|

|                    |                               |   |                                 |   |  |  |
|--------------------|-------------------------------|---|---------------------------------|---|--|--|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>unknown</u> | 9. AGE (In years last birthday) <u>82</u> | IF UNDER 1 YEAR<br>Months _____ Days _____ | IF UNDER 24 HRS.<br>Hours _____ Min. _____ |
|--------------------|-------------------------------|---|---------------------------------|---|--|--|

|  |  |   |   |
|--|--|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>unknown</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u> | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u> |
|--|--|---|---|

|                                   |  |   |
|-----------------------------------|--|---|
| 13a. FATHER'S NAME <u>unknown</u> | 13b. MOTHER'S MAIDEN NAME <u>unknown</u> | 14. NAME OF HUSBAND OR WIFE <u>Mary Cameron</u> |
|-----------------------------------|--|---|

|   |                                   |   |
|---|-----------------------------------|---|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | 16. SOCIAL SECURITY NO. <u>no</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>E.R. Muehbery</u> ADDRESS <u>3215 Campbell</u> |
|---|-----------------------------------|---|

|   |   |  |   |
|---|---|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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>1 Day</u> |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>COBALTUM OCCULTION</u>  |  | - YES.  |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>COBALTUM OCCULTION</u><br>DUE TO (c) _____ |  |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |   |  | <u>4201</u>                                   |

|                                 |   |  |
|---------------------------------|---|--|
| 19a. DATE OF OPERATION <u>0</u> | 19b. MAJOR FINDINGS OF OPERATION <u>0</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|---------------------------------|---|--|

|   |  |   |
|---|--|---|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>2</u> | 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) m. | 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 JAN 6, 1949 to SEP 25, 1950, that I last saw the deceased alive on SEP 6, 1950, and that death occurred at 4:50 A.M., from the causes and on the date stated above.

|  |                                     |                                  |
|--|-------------------------------------|----------------------------------|
| 23a. SIGNATURE <u>P.O. Quistgard</u> (Degree or title) <u>M.D.</u> | 23b. ADDRESS <u>6244 Penn St Mo</u> | 23c. DATE SIGNED <u>Oct 3 50</u> |
|--|-------------------------------------|----------------------------------|

|   |                          |  |  |
|---|--------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>10-3-50</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Green Lawn</u> | 24d. LOCATION (City, town, or county) (State) <u>Jackson Co Mo</u> |
|---|--------------------------|--|--|

|   |   |   |
|---|---|---|
| DATE REC'D BY LOCAL REG. <u>10-3-50</u> | REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Frances Wornall</u> ADDRESS <u>Funeral Home</u> |
|---|---|---|

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

*Russell N. France*

Signed .....

Student Embalmer

Licensed Embalmer No. 4255

P. O. Address K. C. 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.