

FILED JUN 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17160

540
1

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

BIRTH NO. _____ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 4274 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY <u>LAFAYETTE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>LAFAYETTE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>AMHVILLE</u>		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>AMHVILLE</u> <u>0540</u>	
d. STREET ADDRESS		(If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOSEPH</u> b. (Middle) <u>W.</u> c. (Last) <u>HOLT CAMP</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 1 1951</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>APRIL 9 1868</u>
9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours	IF UNDER 15 MIN. Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER RETIRED</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>	11. BIRTHPLACE (State or foreign country) <u>CONCORDIA MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>JOHN HOLT CAMP</u>	13b. MOTHER'S MAIDEN NAME <u>LUCIA KUHLMAN</u>	14. NAME OF HUSBAND OR WIFE <u>LUCIELLE HOLT CAMP</u>	
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>NO</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. EDNA DAVISON AMHVILLE MO</u>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Cardio-vascular disease.</u> 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. <u>Gangrene of left foot</u>		INSET BETWEEN ONSET AND DEATH <u>Unknown</u> <u>3 days</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		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) <u>4221</u>	
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 <u>5-1</u> , 19 <u>51</u> , to <u>6-1</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>5-31</u> , 19 <u>51</u> , and that death occurred at <u>3:10 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>H. B. Bungasser M.D.</u>		23b. ADDRESS <u>Higginsville Mo</u>	23c. DATE SIGNED <u>6/2/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JUNE 3-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>FRANZISCHL CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>CONCORDIA MO</u>
DATE REC'D BY LOCAL REG. <u>June 4-1951</u>	REGISTRAR'S SIGNATURE <u>Clayton H. Landrum</u>	154	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E. S. James Concordia Mo</u>

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 6-12-51

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed 6-12-51

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 me

working under my personal supervision.

Student Embalmer No.

Signed E. L. James

Signed.....
Student Embalmer

Licensed Embalmer No. 2058

P. O. Address Conrad, 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.