

No. 36
10. 36
JAN 28 1952

STANDARD CERTIFICATE OF DEATH

State File No. 975
Registrar's No. 56

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5463

390
1

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

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Strafford</u> OR TOWN <u>Rural Jackson Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Strafford</u> OR TOWN <u>Rural Jackson Twp.</u>	
c. LENGTH OF STAY (in this place) <u>24 years</u>		d. STREET ADDRESS (If rural, give location) <u>Strafford R.F.D. # 2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Strafford R.F.D. # 2</u>			

3. NAME OF DECEASED a. (First) <u>JOSEPH</u> b. (Middle) <u>HOMER</u> c. (Last) <u>CAMP</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 17, 1952</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>8 Dec. 1879</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Gen. Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Muhlenberg County, Kentucky</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Isaac Camp</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Noffsinger</u>		14. NAME OF HUSBAND OR WIFE <u>Louella Camp</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>497-24-0447</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Louella Camp, Rt. 2, Strafford, 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		INTERVAL BETWEEN ONSET AND DEATH <u>10 hours</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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>4201</u>
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 Jan 17, 1952, to Jan 17, 1952, that I last saw the deceased alive on Jan 17, 1952, and that death occurred at 4:20P -m., from the causes and on the date stated above.

23a. SIGNATURE <u>Stayne Gonnerman</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>FAIR GROVE, MO</u>		23c. DATE SIGNED <u>JAN 18, 1952</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>20 Jan 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Dishman Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Greene County, Missouri.</u>		

DATE REC'D BY LOCAL REG. <u>1-22-52</u>	REGISTRAR'S SIGNATURE <u>James R. Amos</u>	468-0	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. C. Thorne</u>	ADDRESS <u>Springfield, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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.....
Ralph A. Thieme

Signed.....
Student Embalmer

Licensed Embalmer No. 2899

P. O. Address Springfield, Missouri.

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.