S. No. 300
v. 10.48

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

FILED JUN 13 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15711

BIRTH NO. 27775 REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 257

1. PLACE OF DEATH
a. COUNTY: Butler
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Poplar Bluff
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Doctor's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Overland 14, 423X
d. STREET ADDRESS (If rural, give location): 9110 Delphine

3. NAME OF DECEASED (Type or Print): a. (First) Amanda b. (Middle) (NMI) c. (Last) Kamplain

4. DATE OF DEATH (Month) (Day) (Year): May 21, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: May 19, 1952
9. AGE (In years last birthday): 0 — If under 1 year: Months 0, Days 3 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Poplar Bluff, Missouri
12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME: Wesley C. Kamplain
13b. MOTHER'S MAIDEN NAME: Pauline Coleman
14. NAME OF HUSBAND OR WIFE: ------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: ------
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Wesley C. Kamplain, 9110 Delphine Overland, Mo.

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Unknown

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 776X
20. AUTOPSY? YES ☐ NO ☒

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 19, 1952, *to* May 21, 1952, *that I last saw the deceased alive on* May 21, 1952, *and that death occurred at* 8:45 Am., *from the causes and on the date stated above.*

23a. SIGNATURE: Robert Engelhardt MD (Degree or title) 0
23b. ADDRESS: Poplar Bluff, Mo
23c. DATE SIGNED: 6/3/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0
24b. DATE: 5-22-52
24c. NAME OF CEMETERY OR CREMATORY: Dexter
24d. LOCATION (City, town, or county) (State): Dexter, Missouri

DATE REC'D BY LOCAL REG.: 6-3-52
REGISTRAR'S SIGNATURE: Wm. H. Johnson 428-1
25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: Strickland-Rainey Dexter, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
JUN 10 1952
BUTLER CO. HEALTH CENTER
FILE No. 652-293

Body not Embalmed

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 ..... Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.