

STANDARD CERTIFICATE OF DEATH

State File No. **23914**

FILED AUG 7 1952

BIRTH NO. _____ REG. DIST. NO. **91** PRIMARY REG. DIST. NO. **3012** Registrar's No. **106**

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

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Clay	
b. CITY OR TOWN Excelsior Springs	c. LENGTH OF STAY (in this place) 54 years	c. CITY (If outside corporate limits, write RURAL and give township) Excelsior Springs, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 615 Daley		d. STREET ADDRESS (If rural, give location) 615 Daley 0242	

3. NAME OF DECEASED (Type or Print) VIRGINIA CAROLINE CAMDEN			4. DATE OF DEATH (Month) (Day) (Year) JULY 19, 1952		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Dec. 26, 1896		9. AGE (In years last birthday) 76

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY ✓		11. BIRTHPLACE (City and State or Foreign Country) Ray County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Christian Overman			13b. MOTHER'S MAIDEN NAME Sarah Ellen Gross		14. NAME OF HUSBAND OR WIFE George M. Camden, Esq.		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS George M. Camden, 615 Daley, Excelsior			
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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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Prostate				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Probably Fall Bladder disease					
		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 1561				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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on **7-19**, 19**52**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Perlon D. Drayton, M.D.		23b. ADDRESS Excelsior Springs, Mo.		23c. DATE SIGNED 7-21-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 21/52		24c. NAME OF CEMETERY OR CREMATORY Moore Cemetery	
				24d. LOCATION (City, town, or county) (State) Clay County, Mo.	

DATE REC'D BY LOCAL REG. July 24, 1952		REGISTRAR'S SIGNATURE Caroline Hutchings		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hope Funeral Home, Excelsior Springs, Mo.	
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed Chas. Virgil Hope

Licensed Embalmer No. 3950

P. O. Address Excelsior Springs 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.