

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13677**

FILED MAY 1 1953

BIRTH NO. _____ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016** Registrar's No. **113**

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

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cole	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Jefferson City		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Jefferson City	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 1926 Hayselton Drive	
d. FULL NAME OF HOSPITAL OR INSTITUTION Charles E. Still Hospital			

3. NAME OF DECEASED a. (First) Alaska b. (Middle) Camp c. (Last) Stream			4. DATE OF DEATH (Month) (Day) (Year) April 26 53		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	
8. DATE OF BIRTH April 7, 1868		9. AGE (In years last birthday) 85		IF UNDER 1 YEAR Days 19 Hours 1 Min. 1	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Chelsea Iowa	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Wesley Camp			
13b. MOTHER'S MAIDEN NAME Oriziba Rawson		14. NAME OF HUSBAND OR WIFE Samuel A. Stream			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mrs. Chas. Ricker ADDRESS 1926 Hayselton Dr.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MYOCARDIAL FAILURE (Acute)		DUPLICATE OF (b) HYPERTENSION				3 days-	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUPLICATE OF (c) ARTERIO-SCLEROSIS -					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		TRAUMATIC INJURY OF CHEST. DUE TO FALL IN HOME.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 121				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)			
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 **24 APRIL, 1953**, to **26 APRIL, 1953**, that I last saw the deceased alive on **26 APRIL, 1953**, and that death occurred at **5:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE James G. Miller (Degree or title) D.O.		23b. ADDRESS JEFFERSON CITY, MO.		23c. DATE SIGNED 26 April 53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Apr-28-1953		24c. NAME OF CEMETERY OR CREMATORY Mt. Washington	
24d. LOCATION (City, town, or county) (State) Kansas City, Mo		25. FUNERAL DIRECTOR'S SIGNATURE Robt J. Jordan ADDRESS Jefferson City, Mo			

DATE REC'D BY LOCAL REG. April 27 1953		REGISTRAR'S SIGNATURE R.P. Davis MD-MR 68		25. FUNERAL DIRECTOR'S SIGNATURE Robt J. Jordan ADDRESS Jefferson City, Mo	
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EXPIRES 1963

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 *Joseph J. Gordon*

Licensed Embalmer No. *1786*

P. O. Address *Jefferson City 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.