

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. 29588

FILED SEP 1 - 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 277 PRIMARY REG. DIST. NO. 5950 Registrar's No. 39

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Pike</u> b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Gazette</u> 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) <u>Hartford - TWP</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pike</u> c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Gazette</u> <span style="float:right">0820</span> d. STREET ADDRESS (If rural, give location) _____	
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<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Arvelia</u> b. (Middle) <u>Nancy</u> c. (Last) <u>Camerer</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>8 - 24 1953</u>		
<b>5. SEX</b> <u>F</u>	<b>6. COLOR OR RACE</b> <u>W</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <u>MARRIED</u>	<b>8. DATE OF BIRTH</b> <u>Nov 27 1909</u>	<b>9. AGE (in years last birthday)</b> <u>43</u>	# UNDER 1 YEAR Months _____ Days _____ # UNDER 10 HRS. Hours _____ Mts. _____

<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> _____	<b>11. BIRTHPLACE</b> (State or foreign country) <u>Canton North Carolina</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>
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<b>13a. FATHER'S NAME</b> <u>Johr Burnette</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Ella Deaver</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Lorenzo Camerer</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service)	<b>16. SOCIAL SECURITY NO.</b> _____	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <span style="float:right">ADDRESS</span> <u>Lorenzo Camerer Meddletown</u>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Coronary occlusion</u> <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		<b>INTERVAL BETWEEN ONSET AND DEATH</b> _____
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b> <u>None</u>	<b>19b. MAJOR FINDINGS OF OPERATION</b> _____	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> _____
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> _____
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**22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased ~~and died~~ on Aug 24, 1953, and that death occurred at 3 P m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <u>J. C. Mudd - Coroner 3</u>	<b>23b. ADDRESS</b> <u>Bowling Green Mo</u>	<b>23c. DATE SIGNED</b> <u>Aug 25-53</u>
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<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Buried</u>	<b>24b. DATE</b> <u>8-27-1953</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Central Union Cemetery</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Meddletown Mo</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>8-28-53</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Bell Robinson</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <span style="float:right">ADDRESS</span> <u>Budger Tatchell Bowling Green</u>
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*By Dr. Buren*

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

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OCT 26 1968

**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 John E. Budde

Licensed Embalmer No. 4447

P. O. Address Beaulieu Green

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.