

STANDARD CERTIFICATE OF DEATH

FILED JAN 13 1955

State File No.

BIRTH NO. _____ REG. DIST. NO. 243 PRIMARY REG. DIST. NO. 4363 Registrar's No. 1

730
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Fairview</u>		c. CITY OR TOWN <u>La Russell</u>	
c. LENGTH OF STAY (In this place) <u>9 mo</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>		e. STREET ADDRESS (If rural, give location) <u>Mo 0490</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ethel</u> b. (Middle) <u>Woodrow</u> c. (Last) <u>Camden</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 12 - 54</u>		
5. SEX <u>fe</u>	6. COLOR OR RACE <u>wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Sept 2 - 1881</u>	9. AGE (In years last birthday) <u>73</u>	10. IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>		11. BIRTHPLACE (City and State or Foreign Country) <u>Lawrence Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

12. FATHER'S NAME <u>Ephram Woodrow</u>		13. MOTHER'S MAIDEN NAME <u>Julia Dunaway</u>		14. NAME OF HUSBAND OR WIFE <u>James Camden</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Verla Brythe Fairview 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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Paralysis agitans</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) <u>rise to the above cause (a) stating the underlying cause last.</u>		
	DUE TO (c) <u>Congestive failure</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>350 X</u>	
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)
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 12/3/1954, to 12/10/1954, that I last saw the deceased alive on 12/10/1954, and that death occurred at 9:45 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Randal G. Ocha M.D.</u>	23b. ADDRESS <u>Whenton Mo.</u>	23c. DATE SIGNED <u>12/14/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-15-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cave Springs</u>	24d. LOCATION (City, town, or county) (State) <u>La Russell Mo</u>
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DATE REC'D BY LOCAL REG. <u>12-28-54</u>	REGISTRAR'S SIGNATURE <u>Alpha Dyer</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Jackson & Sons Sufferin Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District No. _____

ser No. **NEWTON COUNTY HEALTH UNIT**

District File Number _____

1254-268

Date Filed **JAN 12 1955**

NEOSHO, MISSOURI

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 _____
Signature of Student Embalmer

Signed *Wm K. Jackson*

Licensed Embalmer No. *395*

P. O. Address *Sarsopka*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.