

No. 300
10. 48

FILED OCT 3 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30467

State File No.

BIRTH NO. _____ REG. DIST. NO. 296 PRIMARY REG. DIST. NO. 6019 Registrar's No. 24

0590

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

1. PLACE OF DEATH a. COUNTY <p style="text-align: center;">Ray</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p style="text-align: center;">Mo.</p> b. COUNTY <p style="text-align: center;">Ray</p>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 5 Mi N of Orrick, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Orrick, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Farm Home		d. STREET ADDRESS (If rural, give location) 0510	

3. NAME OF DECEASED (Type or Print) a. (First) Nannie b. (Middle) Bell c. (Last) Camden			4. DATE OF DEATH (Month) (Day) (Year) Sept. 22, 55		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH June 7, 1872		9. AGE (In years last birthday) 83		10. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY Same		11. BIRTHPLACE (City and State or Foreign Country) Ray County	

13a. FATHER'S NAME Thomas Blain		13b. MOTHER'S MAIDEN NAME Sarah Roe		14. NAME OF HUSBAND OR WIFE Harve Camden	
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Zenith Hosler Orrick, Mo.	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>1 4500</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Valvular heart disease</u> <u>Chronic cholelithiasis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>72 hrs</u>
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) (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 4-3, 1955, to Sept 22, 1955, that I last saw the deceased alive on 19 Sept, 1955, and that death occurred at 7:10 Pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dwight C. Sanders M.D.</u>		23b. ADDRESS <u>Excelsior Springs, Mo.</u>		23c. DATE SIGNED <u>9-26-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 24, 1955		24c. NAME OF CEMETERY OR CREMATORY Riffe Cemetery	
				24d. LOCATION (City, town, or county) (State) <u>3 Miles N of Orrick, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>Sept 27-55</u>		REGISTRAR'S SIGNATURE <u>Helen J. Larkins 272</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>B. W. Good Orrick, Mo.</u>	
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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 Charles J. Tyle

Licensed Embalmer No. 4534

P. O. Address Liberty 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.