

FILED OCT 29 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **33767**

|   |  |  |  |  |  |  |  |   |  |
|---|--|--|--|--|--|--|--|---|--|
| BIRTH NO. _____   |  | REG. DIST. NO. <u>137</u>  |  | PRIMARY REG. DIST. NO. <u>3023</u>   |  | Registrar's No. <u>293</u>   |  |   |  |
| <b>1. PLACE OF DEATH</b><br>a. COUNTY: <u>HENRY</u><br>b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLINTON</u><br>c. LENGTH OF STAY (in this place) <u>1 hr.</u><br>d. FULL NAME OF HOSPITAL OR INSTITUTION <u>WETZEL HOSPITAL</u>                            |  |  |  | <b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u><br>b. COUNTY <u>Lafayette</u><br>c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>DAVIS "Rural"</u><br>d. STREET ADDRESS (If rural, give location) <u>2 1/2 Mi. West Higginsville</u>   |  |  |  |   |  |
| <b>3. NAME OF DECEASED</b><br>(Type or Print) <u>FLORA</u>  |  | a. (First)   |  | b. (Middle)  |  | c. (Last) <u>HOLT CAMP</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>Aug 22 1883</u>                                   |  |   |  |
| <b>9a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>House Wife</u>   |  | <b>9b. KIND OF BUSINESS OR INDUSTRY</b>  |  | <b>11. BIRTHPLACE</b> (State or foreign country) <u>Missouri</u>   |  | <b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>                            |  |   |  |
| <b>13a. FATHER'S NAME</b> <u>Fritz Ruether</u>  |  | <b>13b. MOTHER'S MAIDEN NAME</b> <u>SARAH Droge</u>  |  | <b>14. NAME OF HUSBAND OR WIFE</b> <u>Henry T. Holtcamp</u>  |  |  |  |   |  |
| <b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>   |  | <b>16. SOCIAL SECURITY NO.</b>   |  | <b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Henry T. Holtcamp, Higginsville, Mo.</u>   |  |  |  |   |  |
| <b>18. CAUSE OF DEATH</b><br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.  |  |  |  | <b>MEDICAL CERTIFICATION</b><br><b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Acute circulatory failure</u><br><br><b>ANTECEDENT CAUSES</b><br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br><b>DUE TO (b)</b> <u>Decompensated Cor Pulmonale</u><br><br><b>DUE TO (c)</b> <u>Chronic pulmonary congestion &amp; Arteriosclerosis.</u><br><br><b>II. OTHER SIGNIFICANT CONDITIONS</b><br>Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes mellitus</u> |  |  |  | <b>INTERVAL BETWEEN ONSET AND DEATH</b><br><br><u>9 hrs.</u><br><br><u>6 mo</u><br><br><u>4 yrs</u> |  |
| <b>19a. DATE OF OPERATION</b> <u>NONE</u>   |  | <b>19b. MAJOR FINDINGS OF OPERATION</b>  |  | <b>20. AUTOPSY?</b><br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |  |  |  |   |  |
| <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>   |  |  |  |   |  |
| <b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (m.)   |  | <b>21e. INJURY OCCURRED</b><br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | <b>21f. HOW DID INJURY OCCUR?</b>  |  |  |  |   |  |
| <b>22. I hereby certify that I attended the deceased from</b> <u>Aug 22, 1952</u> , <b>to</b> <u>Oct. 17, 1956</u> , <b>that I last saw the deceased alive on</b> <u>Oct 17, 1956</u> , <b>and that death occurred at</b> <u>3:10 a.m.</u> , <b>from the causes and on the date stated above.</b> |  |  |  |  |  |  |  |   |  |
| <b>23a. SIGNATURE</b> <u>Edwin Wilson, D.O.</u>   |  | (Degree or title)  |  | <b>23b. ADDRESS</b> <u>Higginsville, Mo</u>  |  | <b>23c. DATE SIGNED</b> <u>10/18/56</u>                                      |  |   |  |
| <b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>BURIAL</u>  |  | <b>23b. DATE</b> <u>Oct 19 1956</u>  |  | <b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>BRAND Cemetery</u>  |  | <b>23d. LOCATION (City, town, or county) (State)</b> <u>Higginsville Mo.</u> |  |   |  |
| <b>DATE REC'D BY LOCAL REG.</b> <u>10-23-56</u>   |  | <b>REGISTRAR'S SIGNATURE</b> <u>Mildred Bigum</u>  |  | <b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Edwin Wilson</u> <b>ADDRESS</b> <u>Higginsville Mo</u>  |  |  |  |   |  |

(Licensed Embalmer's Statement on Reverse Side)

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

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, ~~and~~ \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*Wm. L. Thurman*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4563*

P. O. Address *Richmond, Va.*

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.