Health, Welfare Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED FEB 4 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 2597

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 643

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis, — Inside Limits Yes X No
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Missouri Baptist Hospital — Length of stay in 1b: 4 Wks

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Reynolds
c. CITY OR TOWN: Bunker — Inside Limits Yes X No
STREET ADDRESS: — (If outside, give location) — Reside on Farm Yes No X

3. NAME OF DECEASED (Type or print): First: William Middle: G. Last: Camden

4. DATE OF DEATH: Month Jan. Day 20 Year 1957

5. SEX: Male 6. COLOR OR RACE: White 7. MARRIED X NEVER MARRIED WIDOWED DIVORCED

8. DATE OF BIRTH: Jan. 13, 1884 9. AGE (In years last birthday): 73 IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant 10b. KIND OF BUSINESS OR INDUSTRY: Grocery

11. BIRTHPLACE (City and state or country): Reynolds County, Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Billie Camden 14. MOTHER'S MAIDEN NAME: Jemima Parker

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): Nil. 16. SOCIAL SECURITY NO.: — 17. INFORMANT: Gordon Camden, Address: 5217a Miami St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH: days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Congestive heart failure — 1 Mo
DUE TO (c) Infarction of Myocardium (2nd) — 1 Mo
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Infarction Myocardium 1-2 Mo prior 420.1

19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Dec 23 '56 to Jan 20 '57 and last saw her/him alive on Jan 19 '57
Death occurred at 4:20 A.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Ray David Williams (Degree or title) MD
22b. ADDRESS: 114 No Taylor St Louis
22c. DATE SIGNED: 21 Jan 57

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal 23b. DATE: 1-20-57 23c. NAME OF CEMETERY OR CREMATORY: Local 23d. LOCATION (City, town, or county) (State): Salem, Missouri.

24. FUNERAL DIRECTOR ADDRESS: Albert H. Hoppe 4700 Washington, 25. DATE RECD. BY LOCAL REG.: JAN 21 '57 26. REGISTRAR'S SIGNATURE: J. Carl Smith MD

(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 em

by me, ~~or by~~ ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Elton R. H. Remelius

Licensed Embalmer No. 42

P. O. Address St. Lou

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (I
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.