

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED MAR 18 1957

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 105

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 105

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Cole		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City		a. STATE Missouri b. COUNTY Cole		c. CITY OR TOWN Jefferson City 0264	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 306 Adams St 3		Length of stay in 1b		d. STREET ADDRESS 610 East Elm St		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First Jerry		Middle Eustus		Last Camden		Month Day Year March 13 1957	
5. SEX Male <input type="radio"/>	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH March 13-1911	9. AGE (In years last birthday) 45	IF UNDER 1 YEAR		IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Welder		10b. KIND OF BUSINESS OR INDUSTRY Machine Shop		11. BIRTHPLACE (City and state or country) Jefferson City, Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Pleasant Camden				14. MOTHER'S MAIDEN NAME Mary A. Mueller			
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 111 West Mulberry St Nina Camden, Winslow, Arizona			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)						INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY:						Instant	
IMMEDIATE CAUSE (a) Coronary Thrombosis							
J. D. Mason							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
DUE TO (b) Body was found by uncle at 306 Adams St., Jefferson City, Mo. Mr. Camden had been in							
DUE TO (c) failing health.							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)				
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 _____, to _____ and last saw her/him alive on _____ Death occurred at approx. 10:30 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>Clifford T. Cole, Cole County Coroner 3</i>				22b. ADDRESS 630 Adams St. Jefferson City, Mo.		22c. DATE SIGNED 3-15-57	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 3/16/1957		23c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery		23d. LOCATION (City, town, or county) (State) Jefferson City, Mo	
24. FUNERAL DIRECTOR ADDRESS Thorpe J Gordon, Jefferson City, Mo				25. DATE RECD. BY LOCAL REG. 16 March 1957		26. REGISTRAR'S SIGNATURE R. P. Darris, MD-NR.	

(Licensed Embalmer's Statement on Reverse Side)

APR 28 1957

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 *Joseph J. Gordon*  
Licensed Embalmer No. *178*

P. O. Address *Jeff City*

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