

FILED JUN 11 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16530

STATE FILE NUMBER

Registration District No. 75 Primary Registration District No. 3015 Registrar's No. 54

1. PLACE OF DEATH a. COUNTY <u>Cameron</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cameron, Mo.</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Cameron Community Hospital</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clinton</u> c. CITY OR TOWN <u>Cameron,</u> <u>0251</u> d. STREET ADDRESS <u>705 N. Walnut</u>	
3. NAME OF DECEASED (Type or print) First <u>Lola</u> Middle <u>Berkshire</u> Last <u>Berkshire</u>		4. DATE OF DEATH Month <u>June</u> Day <u>3</u> Year <u>1957</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct 28, 1876</u>
9. AGE (In years last birthday) <u>80</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	
11. BIRTHPLACE (City and state or country) <u>Mooresville, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>United States</u>	
13. FATHER'S NAME <u>Nathaniel Gibbs</u>		14. MOTHER'S MAIDEN NAME <u>Sarah Harlow</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT <u>Virginia Farr</u>		Address <u>Kansas City, Mo.</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary embolism</u> DUE TO (b) <u>Fracture of femur (trochanteric)</u> DUE TO (c) <u>Fall on floor at home.</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Diabetes mellitus</u>			INTERVAL BETWEEN ONSET AND DEATH <u>30 min.</u> <u>6 da.</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Fell on floor of apartment home.</u>	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. TIME OF INJURY <u>4 p. m.</u> <u>May 30 '57</u>	
20c. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	
20e. CITY, TOWN, OR LOCATION <u>Cameron</u>		20f. COUNTY <u>Clinton</u>	
21. I attended the deceased from <u>May 30 57</u> to <u>June</u> and last saw her alive on <u>6-3-57</u> Death occurred at <u>2:40 p. m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>L. Compton</u>		22b. ADDRESS <u>Cameron, Mo.</u>	
22c. DATE SIGNED <u>6-5-57</u>		22d. (Degree or title) <u>MO</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>May 6, 1957</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Lickfork Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Davis county, Missouri</u>	
24. FUNERAL DIRECTOR <u>Morris A. Bram</u>		25. DATE RECD. BY LOCAL REG. <u>June 4 - 57</u>	
ADDRESS <u>Hamilton, Missouri</u>		26. REGISTRAR'S SIGNATURE <u>Frances W. Crawford</u>	

Health,
& Welfare
Public
Service300
1-56All
symptoms will be listed. All
coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

57 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.

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

Dale A. Oldfield

Licensed Embalmer No. *43*

P. O. Address *Hamilton*

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.