

FILED NOV 19 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

48846

STATE FILE NUMBER

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 189

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Webb City, Mo</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Webb City, Mo</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1114 W. Daug. St.</u>				Length of stay in lb <u>37 Yrs</u>		d. STREET ADDRESS (If outside, give location) <u>1114 W. Daug. St.</u>	
3. NAME OF DECEASED (Type or print)		First <u>Stella</u>		Middle <u>Mae</u>		Last <u>Cameron</u>	
4. DATE OF DEATH		Month <u>Nov.</u>		Day <u>13</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>Feb. 17, 1893</u>	
9. AGE (In years last birthday) <u>64</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>		IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Beauty Operation</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Beauty Shop</u>		11. BIRTHPLACE (City and state or country) <u>Richmond, Missouri</u>	
13. FATHER'S NAME <u>John W. Muzingo</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
14. MOTHER'S MAIDEN NAME <u>Anna Elliott</u>							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT Address <u>Mrs. Jean Eden Webb 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>CORONARY OCCLUSION</u>							INTERVAL BETWEEN ONSET AND DEATH <u>10 MIN.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>CORONARY THROMBOSIS</u>		DUE TO (c) <u>MYOCARDIAL INFARCTION</u>			APPROX <u>1 YR</u>
							APPROX <u>5 YR</u>
PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>4201</u>							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>
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 <u> </u> Month <u> </u> Day <u> </u> Year <u> </u> a. m. <u> </u> p. m. <u> </u>							
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 <u>10/18/57</u> to <u>11/13/57</u> and last saw her <u>him</u> alive on <u>11/13/57</u> Death occurred at <u>11:50 AM</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Mrs. Wells-Hale, D.O.</u>				22b. ADDRESS <u>WEBB CITY, MISSOURI</u>		22c. DATE SIGNED <u>11/14/57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>11-16-57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>MT HOPE CEMETERY</u>		23d. LOCATION (City, town, or county) (State) <u>WEBB CITY, Mo.</u>	
24. FUNERAL DIRECTOR ADDRESS <u>JOHNSTON-ARNCE-SIMPSON MORGUARY WEBB CITY, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>11-15-57</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. Madeline Switzer</u>	

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 Jack C. Simpson

Licensed Embalmer No. 464

P. O. Address Webb City

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.