

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-008778  
STATE FILE NUMBER

FILED APR 15 1958

Registration District No. 30 Primary Registration District No. 5102 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>Benton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Benton</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fristoe (Township)</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Fristoe</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>3 miles S.W. of Fristoe</u>		Length of stay in lb <u>years.</u>	d. STREET ADDRESS (If outside, give location) <u>3 miles S. W.</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>ORPHA</u> Middle <u>CAMBRO</u> Last <u>N</u>			4. DATE OF DEATH Month <u>Apr</u> Day <u>6</u> Year <u>1958</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>Mar 29, 1883</u>	9. AGE (In years, last birthday) <u>75</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>9</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and state or country) <u>Jama Co, Iowa</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>	

13a. FATHER'S NAME <u>Bret Turner</u>		13b. MOTHER'S MAIDEN NAME <u>Nettie Harris</u>		14. NAME OF HUSBAND OR WIFE <u>deceased</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.	17. INFORMANT <u>Jesse Leroy Booyer</u> Address <u>Fristoe</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>Inanition and Debilitation</u>		INTERVAL BETWEEN ONSET AND DEATH <u>one month</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Carcinomatosis</u>	<u>one year</u>
	DUE TO (c) <u>Primary Carcinoma of fundus uterus</u>	<u>three years</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>snility</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.) <u>i</u>	
20c. TIME OF INJURY Hour <u>8:00 A</u> Month, Day, Year c.m. <u>Apr 6, 1958</u> 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 <u>Warsaw, Mo.</u>	COUNTY <u>Mo.</u>	STATE
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21. I attended the deceased from April, 23, 1955, to Apr., 6, 1958 last saw her alive on Apr., 2, 1958  
Death occurred at 8:00 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Emuel D. D. D.</u>	22b. ADDRESS <u>Warsaw, Mo.</u>	22c. DATE SIGNED <u>Apr 7, 1958</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>Apr 9, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Fristoe Cemetery</u>	23d. LOCATION (City, town, or county) <u>Fristoe Benton Co, Mo</u>
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24. FUNERAL DIRECTOR <u>Reser Funeral Parlor</u>	ADDRESS <u>Warsaw Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>Apr. 9 - 1958</u>	26. REGISTRAR'S SIGNATURE <u>Geo. A. Logan.</u>
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Health, Welfare, Public Service

100-5860

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Diarrhea, vomiting, etc. - may be causally related. All diseases in Part I must be causally related.

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 *John J. Reser* .....

Licensed Embalmer No. *4098* .....  
P. O. Address *Wassau* .....

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.