

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022235
STATE FILE NUMBER

8
FILED JUL 8 1958 Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 314

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE Kansas b. COUNTY Cherokee	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Galena
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Johns Hosp.		Length of stay in 1b 1 week	d. STREET ADDRESS (If outside, give location) 815 S Galena Heights

3. NAME OF DECEASED (Type or print) First Fred Middle Cameron Last Cameron			4. DATE OF DEATH Month July Day 1 Year 1958
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 25, 1937	9. AGE (In years at birthday) 7 1/2	IF UNDER 1 YEAR Months 7 Days 15 Hours 0 Min. 0	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner	10b. KIND OF BUSINESS OR INDUSTRY L&Z Mng.	11. BIRTHPLACE (City and state or country) Canada	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME ?	13b. MOTHER'S MAIDEN NAME ?	14. NAME OF HUSBAND OR WIFE Nettie Cameron
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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 Nettie Cameron, Galena, Kansas
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Exposure, dehydration, sunstroke		INTERVAL BETWEEN ONSET AND DEATH 1 wk
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Seizure	20 yrs	
DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Advanced arteriosclerosis		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.)	
20c. TIME OF INJURY Hour _____ o.m. _____ p.m. _____	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION	COUNTY STATE

21. I attended the deceased from 24 June 58 , to 2 July and last saw him alive on 1 July 58 Death occurred at 7:35 P m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) Robert G. Powell M.D.	22b. ADDRESS Galena, Kansas	22c. DATE SIGNED 2 July 58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE July 3, 1958	23c. NAME OF CEMETERY OR CREMATORY Oak-Hill Cemetery	23d. LOCATION (City, town, or county) Galena, Kansas
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24. FUNERAL DIRECTOR J.P. Siffert	ADDRESS Galena, Kansas	25. DATE RECD. BY LOCAL REG. 7-3-1958	26. REGISTRAR'S SIGNATURE Dove Merriam
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(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Jasper County Health Officer
County File Number 58-1-602
Date Filed 7-1-1958

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 ~~James Wene~~ James Wene, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed James Wene

Licensed Embalmer No. 2880
P. O. Address Bayton, Mo

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.