

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-019967
STATE FILE NUMBER

FILED JUN 9 1959 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1452

1. PLACE OF DEATH a. COUNTY <i>St Louis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>St Louis</i> <i>4600</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Meadowbrook Downs</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Meadowbrook Downs</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>9834 Lullaby</i>		Length of stay in 1b <i>9 years</i>	d. STREET ADDRESS <i>9834 Lullaby La</i>
3. NAME OF DECEASED (Type or print) <i>ALBERT RUSH CAMP</i>		4. DATE OF DEATH Month <i>5</i> Day <i>23</i> Year <i>59</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>4-18-1885</i>
9. AGE (In years last birthday) <i>72</i>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>none</i>	11. BIRTHPLACE (City and state or country) <i>Larned Kansas</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A</i>		13. FATHER'S NAME <i>James Merritt Camp</i>	
14. MOTHER'S MAIDEN NAME <i>Frances Keys</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <i>No</i>	
16. SOCIAL SECURITY NO. <i>498-18-7161</i>		17. INFORMANT Address <i>Mabel Camp 9834 Lullaby</i>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute Peripheral Vascular Collapse</i>			INTERVAL BETWEEN ONSET AND DEATH <i>none</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Acute Coronary Occlusion</i>			<i>1 1/2 hrs</i>
DUE TO (c) <i>Hypertensive Heart Disease</i>			<i>2 yrs</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>Supine & Pericardial & Family</i>			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 _____ 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 <i>Sept 1954</i> to <i>May 23, 1959</i> and last saw <i>him</i> alive on <i>May 24, 1959</i> . Death occurred at <i>3:00 a.m.</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>William D. M. ...</i>		22b. ADDRESS <i>3301 Ash St St Louis Mo</i>	22c. DATE SIGNED <i>5/25/59</i>
23a. BURIAL, CREMATION, REMOVAL (specify) <i>Burial</i>	23b. DATE <i>5-26-59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Sunset</i>	23d. LOCATION (City, town, or county) (State) <i>St Louis County Mo</i>
24. FUNERAL DIRECTOR <i>Paul Sellenman</i>		ADDRESS <i>Oreland 14910</i>	25. DATE RECD. BY LOCAL REG <i>5-26-59</i>
26. REGISTRAR'S SIGNATURE <i>John C. Murphy M.D. Jr</i>			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be causally 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 e
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *E. W. Williams*

Licensed Embalmer No. *3501*

P. O. Address *Overland*

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.