

FEDERAL BUREAU OF INVESTIGATION - DEPARTMENT OF JUSTICE
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FILED VS OCT 19 1960

-60-039599

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **9949** STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 5 days	c. CITY OR TOWN Springfield
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis-Little Rock Hospital Inc.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2404 Holmes Ave

3. NAME OF DECEASED (Type or print) First Ernest Middle Esco Last Camfield	4. DATE OF DEATH Month October Day 12 Year 1960
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5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-23-1899	9. AGE (last birthday) 61	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	IF UNDER 1 YEAR Hours	IF UNDER 24 HR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pensr. Yard Master	10b. KIND OF BUSINESS OR INDUSTRY Rail road	11. BIRTHPLACE (City and state or country) Shelbyville, Ill.	12. CITIZEN OF WHAT COUNTRY U.S.
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13a. FATHER'S NAME George W. Camfield	13b. MOTHER'S MAIDEN NAME Viola Underwood	14. NAME OF HUSBAND OR WIFE Hallie
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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. 702-09-1326	17. INFORMANT E. Camfield Jr., 2803 Price Sprngfld, Ill.
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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) Squamous Cell Carcinoma of left lung with metastasis DUE TO (b) 163x DUE TO (c) 1 Year	INTERVAL BETWEEN ONSET AND DEATH
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerotic Heart Disease	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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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.)
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20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> 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
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21. I attended the deceased from 1959 to October 12, 1960 and last saw ^{xxx} him alive on 10-11-1960 Death occurred at 8:20 A.m on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) Clare J. Westo M.D.	22b. ADDRESS 1755 S. Grand Blvd.	22c. DATE SIGNED 10/12/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 10-15-60	23c. NAME OF CEMETERY OR CREMATORY Roselawn Cemetery	23d. LOCATION (City, town, or county) Springfield, Ill.
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24. FUNERAL DIRECTOR Bisch & Sons Funeral Home ADDRESS Springfield, Illinois	25. DATE RECD. BY LOCAL REG. OCT 13 1960	26. REGISTRAR'S SIGNATURE Clare J. Westo M.D.
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4193

P. O. Address St. Louis

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.