

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-010146
STATE FILE NUMBER

AMENDED

Registration District No. 290 Primary Registration District No. _____ Registrar's No. 18
FILED VS MAR 14 1961

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Pușlaská</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dent</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Waynesville</u>		Length of stay in 1b <u>1 wk</u>	c. CITY OR TOWN <u>Boss</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Waynesville Hosp</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>X</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Mary E Camden</u>			4. DATE OF DEATH Month Day Year <u>Feb 15 1961</u>
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan 26 - 98</u>
9. AGE (last birthday) <u>63</u>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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>Packing house Wkr</u>	11. BIRTHPLACE (City and state or country) <u>Pleasant Hill Mo U S A</u>
12. CITIZEN OF WHAT COUNTRY		13a. FATHER'S NAME <u>Gottlieb Kircher</u>	
13b. MOTHER'S MAIDEN NAME <u>Bertha Gary</u>		14. NAME OF HUSBAND OR WIFE <u>Ray Camden</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. <u>UNKNOWN</u>	17. INFORMANT Address <u>Ray Camden Boss 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>Metastatic Carcinoma Colon 14y</u> DUE TO (b) <u>Carcinoma of stem</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>3 yr</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			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
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 a.m. p.m. Month, Day, Year	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>Feb 1, 1961</u> to <u>Feb 15, 1961</u> and last saw her/him alive on <u>Feb 15, 1961</u> Death occurred at <u>12:10 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>R.D. DeWitt D.O.</u> (Degree or title)		22b. ADDRESS <u>Waynesville, Mo</u>	22c. DATE SIGNED <u>2-20-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>Feb 18-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Boss Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Boss Dent Co Mo</u>
24. FUNERAL DIRECTOR ADDRESS <u>Spencer Funeral Home Inc</u> <u>Salem, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>2-20-61</u>	26. REGISTRAR'S SIGNATURE <u>Paul Gae Anderson</u>

MAR 23 1961

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 Carl H. Spence

Licensed Embalmer No. 2370

P. O. Address Salina, 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.