SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

61-020821
STATE FILE NUMBER

AMENDED

Registration District No. 100 Primary Registration District No. 3018 Registrar's No. 53

FILED JUN 21 1961

1. PLACE OF DEATH
a. COUNTY: Dent
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Salem
Length of stay in 1b: 24 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: East F
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Dent
c. CITY OR TOWN: Salem
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): East F
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Mary, Middle Elizabeth, Last Camden
4. DATE OF DEATH: Month June, Day 16, Year 1961
5. SEX: Female
6. COLOR OR RACE: white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 11-17-89
9. AGE (last birthday): 71
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): housewife
10b. KIND OF BUSINESS OR INDUSTRY: x
11. BIRTHPLACE (City and state or country): Reynolds Co Mo
12. CITIZEN OF WHAT COUNTRY: U S A
13a. FATHER'S NAME: Wm Bay
13b. MOTHER'S MAIDEN NAME: Martha Jane Bay
14. NAME OF HUSBAND OR WIFE: Melton J Camden
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): x
16. SOCIAL SECURITY NO.: x
17. INFORMANT: Melton J Camden Address: Salem Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Bronchial pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Cerebral Hemiplegia - Diabetes Mellitus
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 6-7-56 to 6-15-61 and last saw her/him alive on 6-15-61
Death occurred at 1:45 A m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: J. H. Hunt (Degree or title) M.D.
22b. ADDRESS: SALEM. Mo
22c. DATE SIGNED: 6/17/61
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6-18-61
23c. NAME OF CEMETERY OR CREMATORY: Cedar Grove
23d. LOCATION (City, town, or county) (State): Salem Dent Co Mo
24. FUNERAL DIRECTOR ADDRESS: Spencer Funeral Home Inc
25. DATE RECD. BY LOCAL REG.: 6/17/61
26. REGISTRAR'S SIGNATURE: M. M. Hart M.D. by Am

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | 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 m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 2370

P. O. Address_____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.