

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-020831

STATE FILE NUMBER

AMENDED

FILED JUL 10 1961

Primary Registration District No. 5404

Registrar's No. 32

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Douglas				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Douglas			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Finley Township		Length of stay in 1b 52yrs		c. CITY OR TOWN Ava		Inside Limits Yes ☐ No ☒	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Inside Limits Yes ☐ No ☐		d. STREET ADDRESS Route 1		Reside on Farm Yes ☒ No ☐
3. NAME OF DECEASED (Type or print) First Middle Last Forrest H. Camp				4. DATE OF DEATH Month Day Year July 4, 1961			
5. SEX Male		6. COLOR OR RACE White		7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐		8. DATE OF BIRTH 8-7-82	
9. AGE (last birthday) 78		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Months Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own farm		11. BIRTHPLACE (City and state or country) Polk Co., Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME George Camp		13b. MOTHER'S MAIDEN NAME Virginia Hopkins		14. NAME OF HUSBAND OR WIFE Florence Camp			
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. None		17. INFORMANT Address Florence Camp, R.1, Ava, Missouri			
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>Uremic Coma</u> DUE TO (b) <u>Urteral obstruction (Ca Met)</u> DUE TO (c) <u>Carcinoma of Prostate</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH <u>2-3 Day</u> <u>2-3-24</u> <u>5-6 Yrs</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. ☐ 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 _____ to _____ and last saw her/him alive on _____. Death occurred at <u>11:00 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>M. C. Gentry</u> (Degree or title) <u>M.D.</u>				22b. ADDRESS <u>Roxa Mo</u>		22c. DATE SIGNED <u>7-6-61</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7-8-61		23c. NAME OF CEMETERY OR CREMATORY Brixy		23d. LOCATION (City, town, or county) (State) Ava, Missouri	
24. FUNERAL DIRECTOR ADDRESS Clinkingbeard Funeral Home, Ava, Mo.				25. DATE RECD. BY LOCAL REG. 7-6-61		26. REGISTRAR'S SIGNATURE <u>Vestal Bushman</u>	

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 Lyle S. Clinkingbeard

Licensed Embalmer No. 4830

P. O. Address Ada, 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.