

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-029154
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 002 Registrar's No. 4054

DECEASED AUG 31 1961

DATE AMENDED: 9/29/61
 MASSIVE ASPIRATION OF VOMITUS
 ACUTE GASTRITIS AND FATTY METAMORPHOSIS OF LIVER
 CIRCULATORY FAILURE
 FATTY METAMORPHOSIS OF HEART AND LIVER
 SHOULD READ: 18a Circulatory failure
18b Fatty metamorphosis of heart and liver
 BY AFFIDAVIT OF High Owens, Coroner

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>	
Length of stay in 1b <u>4 yrs.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>VA Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>3011 Grand</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>OTIS MINOR CAMERON</u>		4. DATE OF DEATH Month Day Year <u>August 14, 1961</u>	
5. SEX <u>Male</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>8-27-12</u>
9. AGE (last birthday) <u>48</u>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Furniture Sales</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retail Sales</u>	11. BIRTHPLACE (City and state or country) <u>Mountain View, Ark. USA</u>
12. CITIZEN OF WHAT COUNTRY		13a. FATHER'S NAME <u>Eleven CAMERON</u>	
13b. MOTHER'S MAIDEN NAME <u>Stella D. Norton</u>		14. NAME OF HUSBAND OR WIFE <u>Ruby/Cameron</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>Yes WWII</u>		17. INFORMANT <u>Ruby M. Cameron, VA Hospital Records</u> Address <u>3011 Grand Ave. K.C., Missouri</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>Circulatory failure</u> Massive aspiration of vomitus DUE TO (b) <u>Acute gastritis and fatty metamorphosis of liver & heart</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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			INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input checked="" 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>VA August 13, 1961</u> to <u>August 14, 1961</u> and thereafter _____ Death occurred at <u>2:30 am</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>High Owens Coroner</u>		22b. ADDRESS <u>VA Hospital, Kansas City, Mo.</u>	22c. DATE SIGNED <u>8/15/61</u>
23a. BIRTH, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	23b. DATE <u>AUG. 18, 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>NATIONAL CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>FORT LEAVENWORTH KANSAS</u>
24. FUNERAL DIRECTOR <u>D.W. NEWCOMER'S SONS</u>	ADDRESS <u>331 BRUSH CR. KANSAS CITY, MO.</u>	25. DATE RECD. BY LOCAL REG. <u>8-15-61</u>	26. REGISTRAR'S SIGNATURE <u>Ruth Long</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 Leimb. Michael

Licensed Embalmer No. 4340

P. O. Address San Antonio, Texas

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.