

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**62-015135**  
STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2035

DO NOT WRITE ON THIS STUB

AMENDED

**FILED APR 30 1962**

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF M. D. Durnell

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>KANSAS CITY</b>		Length of stay in lb <b>3 Days</b>	c. CITY OR TOWN <b>LEE'S SUMMIT</b>
c. FULL NAME OF (If NOT in hospital, give location) <b>ST. LUKE'S HOSPITAL</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS <b>1012 WEST 1ST STREET</b>
3. NAME OF DECEASED (Type or print) First <b>ERNEST</b> Middle <b>JOHN</b> Last <b>CAMIT</b>		4. DATE OF DEATH Month <b>APRIL</b> Day <b>11</b> Year <b>1962</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>6-28-84</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>ATTORNEY</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>LAW</b>	9. AGE (last birthday) <b>78-77</b>
13a. FATHER'S NAME <b>JOHN CAMIT</b>		13b. MOTHER'S MAIDEN NAME <b>FRIEDEREKE SCHROEDER</b>	12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)   (If yes, give war or dates of service) <b>No</b>   <b>None</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT <b>VIRGINIA BARNHART, LEE'S SUMMIT MO</b>		14. NAME OF HUSBAND OR WIFE <b>ANNA CAMIT</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Urinary tract bleeding</b> DUE TO (b) <b>Carcinoma of bladder</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b> <b>1 year.</b>
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 <b>CHICAGO ILLINOIS</b>
21. I attended the deceased from <b>10 Dec. 1961</b> to <b>11 April 1962</b> and last saw him alive on <b>11 April 1962</b> Death occurred at <b>2:45 P.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>M. D. Durnell</b> (Degree or title) <b>M.D.</b>		22b. ADDRESS <b>615 W. 3rd St. Lee's Summit, Mo.</b>	22c. DATE SIGNED <b>4/11/62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	23b. DATE <b>APR. 11, 1962</b>	23c. NAME OF CEMETERY OR REPOSITORY <b>Lee's Summit, Mo.</b>	23d. LOCATION (City, town, or county) (State) <b>CHICAGO ILLINOIS</b>
24. FUNERAL DIRECTOR <b>D.W. NEWCOMER'S SONS</b> ADDRESS <b>1331 BRUSH CR. KANSAS CITY, MO.</b>		25. DATE RECD. BY LOCAL REG. <b>4-12-62</b>	26. REGISTRAR'S SIGNATURE <b>Ruth Long</b>

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 Louis Quast

Licensed Embalmer No. 4096

P. O. Address N. C. 240

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.

Dr. W. D. Bennett  
615 N. 1st - 3rd Street - Town of Highway before Lee's Summit