

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-015518

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED **11**

Registration District No. **149** Primary Registration District No. **1002** Registrar's No. **2267**

FILED MAY 14 1962

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Rev. 4/59
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DATE AMENDED
INSTEAD OF
SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in 1b 7 mos.	c. CITY OR TOWN KANSAS CITY
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 918 VAN BRUNT.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 918 VAN BRUNT.
3. NAME OF DECEASED (Type or print) First DEBORA Middle VAN CAMP. Last VAN CAMP.		4. DATE OF DEATH Month April Day 23 Year 1962	
5. SEX FEMALE	6. COLOR OR RACE CAUC.	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH SEPT. 14, 1961
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY ---	9. AGE (last birthday) 7 mos.
11a. FATHER'S NAME ANDY VAN CAMP.		11b. MOTHER'S MAIDEN NAME MARINE ZIMMERLING	11. BIRTHPLACE (City and state or country) KANSAS CITY, MO.
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	12. CITIZEN OF WHAT COUNTRY U.S.A.
17. INFORMANT MR. ANDY VAN CAMP		Address 918 VAN BRUNT	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH 7 mos.
IMMEDIATE CAUSE (a) Aspiration			
DUE TO (b) Mongolism			
DUE TO (c) Birth			
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 checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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 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 9-14-61 to April 23-62 and last saw her him alive on ---		Death occurred at --- m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) Stanley Penner MD		22b. ADDRESS Kansas City, Mo.	22c. DATE SIGNED 4-24-62
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE April 25, 1962	23c. NAME OF CEMETERY OR CREMATORY GREENHAWK CEMETERY	23d. LOCATION (City, town, or county) (State) KANSAS CITY MO.
24. FUNERAL DIRECTOR MUEHLBACH		25. DATE RECD. BY LOCAL REG. 4-24-62	26. REGISTRAR'S SIGNATURE Ruth Long

USE BLACK INK OR TYPEWRITER RIBBON

DR. POWNER... IN Pakula's office
751 E 63.
EM 3-2330

~~#~~ Memorial now?

1-4:30 P.M.
at 751 E. 63

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 Danny C. Keens, Student Embalmer No. 647

working under my personal supervision.

Student Danny C. Keens
Signature of Student Embalmer

Signed [Signature]

Licensed Embalmer No. 4421

P. O. Address K.C. 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.