

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-029891

STATE FILE NUMBER

Registration District No. 002 Primary Registration District No. 4009 Registrar's No. 55

**FILED SEP 10 1962**

DO NOT WRITE ON THIS STUB

AMENDED

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

BY AFFIDAVIT OF

|   |   |   |  |
|---|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Andrew</b>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Andrew</b>                   |  |
| b. CITY (if outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Savannah</b>  |   | Length of stay in 1b  | c. CITY OR TOWN <b>Savannah</b><br>Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |
| c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>LaVerna Heights</b>  |   | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | d. STREET ADDRESS (if outside, give location)<br>Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  |
| 3. NAME OF DECEASED (Type or print) First Middle Last<br><b>Lenia C. Camp</b>   |   |   | 4. DATE OF DEATH Month Day Year<br><b>September 2, 1962</b>  |
| 5. SEX<br><b>female</b>   | 6. COLOR OR RACE<br><b>white</b>  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>3-21-77</b>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>retired osteopath</b>   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>private practice</b>  | 11. BIRTHPLACE (City and state or country)<br><b>Andrew County, Mo.</b>  |
| 13a. FATHER'S NAME<br><b>Reason Eisinger</b>  |   | 13b. MOTHER'S MAIDEN NAME<br><b>Susan Breit</b>   | 14. NAME OF HUSBAND OR WIFE<br><b>Cloyd A. Camp</b>  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b>   |   | 16. SOCIAL SECURITY NO.<br><b>- - -</b>   | 17. INFORMANT Address<br><b>Carl C. Eisinger, Bolckow, Mo. RFD # 1</b>   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Cerebral Thrombosis</b><br>DUE TO (b) <b>Arterio-Sclerosis</b><br>DUE TO (c) _____<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>6 hours</b><br><b>5 years</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.<br><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  | COUNTY STATE   |
| 21. I attended the deceased from <b>4-17-61</b> to <b>9-2-62</b> and last saw her <b>live on 9-2-62</b><br>Death occurred at <b>9:15 PM</b> on the date stated above, and to the best of my knowledge, from the causes stated.  |   |   |  |
| 22a. SIGNATURE <i>[Signature]</i> (Deaf, or title)  |   | 22b. ADDRESS<br><b>Savannah, Missouri</b>   | 22c. DATE SIGNED<br><b>9-4-62</b>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>burial</b>  | 23b. DATE<br><b>9-5-62</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Savannah Cemetery</b>  | 23d. LOCATION (City, town, or county) (State)<br><b>Savannah, Missouri</b>   |
| 24. FUNERAL DIRECTOR ADDRESS<br><b>BREIT &amp; HAWKINS SAVANNAH</b>   |   | 25. DATE RECD. BY LOCAL REG.<br><b>9-6-62</b>   | 26. REGISTRAR'S SIGNATURE<br><i>[Signature]</i>  |

SEP 24 1962

**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 James B. Hawkins  
Licensed Embalmer No. 4536

P. O. Address Savannah

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.