

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 137 Primary Registration District No. 5509 Registrar's No. 0001294 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0420

2 0420

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4 0

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12 7A-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Deer Creek</u>		c. CITY OR TOWN <u>Clinton</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>5 mi. East of Clinton</u>		d. STREET ADDRESS (If outside, give location) <u>RR#2</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>Walter</u> Last <u>Kampe</u>		4. DATE OF DEATH Month <u>1</u> Day <u>11</u> Year <u>1965</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>2/26/1895</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>highway maintenance</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>State</u>	11. BIRTHPLACE (City and state or country) <u>Clinton, Mo.</u>
13a. FATHER'S NAME <u>John William Kampe</u>		13b. MOTHER'S MAIDEN NAME <u>Laura Kerns</u>	14. NAME OF HUSBAND OR WIFE <u>Stella K. Kampe</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes WW1</u>		16. SOCIAL SECURITY NO. <u>490-16-9468</u>	17. INFORMANT Address <u>Stella Kampe RR#2 Clinton</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>coronary occlusion</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
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 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 _____ to <u>Unattended</u> and last saw her/him alive on _____ Death occurred at <u>10:30</u> <u>A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Hugh B. Walker, MD</u>		22b. ADDRESS <u>Clinton, Mo</u>	22c. DATE SIGNED <u>1-19-65</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>1/13/1965</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Calhoun Cemetary</u>	23d. LOCATION (City, town, or county) (State) <u>Calhoun, Missouri</u>
24. FUNERAL DIRECTOR ADDRESS <u>Sickman & Dunning Clinton, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>JAN. 13, 65</u>	26. REGISTRAR'S SIGNATURE <u>Mildred Begins</u> <u>(MRS)</u>

USE BLACK INK OR TYPEWRITER RIBBON

JAN 20 1965

Permit obtained

1-13-65

(MBS)

FEB 23 1965

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 Stanley J. Hickman, Student Embalmer No. 750
working under my personal supervision.

Student Stanley J. Hickman Signed R. L. Runnag
Signature of Student Embalmer

Licensed Embalmer No. H 910

P. O. Address Clinton 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.