

FILED OCT 3 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30467

State File No.

BIRTH NO. _____ REG. DIST. NO. 296 PRIMARY REG. DIST. NO. 6019 Registrar's No. 24

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Ray</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Ray</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>5 Mi N of Orrick, Mo.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Orrick, Mo.</u> | |
| c. LENGTH OF STAY (in this place) <u>Lifetime</u> | | d. STREET ADDRESS (If rural, give location) <u>0 8 1 0</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Farm Home</u> | | | |

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|---|--|---|--|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Nannie</u> b. (Middle) <u>Bell</u> c. (Last) <u>Camden</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 22, 55</u> | | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | |
| 8. DATE OF BIRTH <u>June 7, 1872</u> | | 9. AGE (In years last birthday) <u>83</u> | | 10. IF UNDER 1 YEAR: Months _____ Days _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Ray County</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | | | | |

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|---|--|--|--|--|--|
| 13a. FATHER'S NAME <u>Thomas Blain</u> | | 13b. MOTHER'S MAIDEN NAME <u>Sarah Roe</u> | | 14. NAME OF HUSBAND OR WIFE <u>Harve Camden</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Zenith Hosler</u> ADDRESS <u>Orrick, Mo.</u> | |

| | | | | | |
|---|--|---|--|--|---|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>72 hrs</u> |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> | | | |
| | | DUE TO (c) <u>1 4500</u> | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Valvular heart disease</u> | | | |

| | | | | | |
|---|--|--|--|--|--|
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION <u>Chronic cholelithiasis</u> | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? _____ | |

22. I hereby certify that I attended the deceased from 4-3, 1955, to Sept 22, 1955, that I last saw the deceased alive on 19 Sept, 1955, and that death occurred at 7:10 Pm., from the causes and on the date stated above.

| | | | | | |
|---|--|---|--|---|--|
| 23a. SIGNATURE (Degree or title) <u>Dwight C. Sanders M.D.</u> | | 23b. ADDRESS <u>Excelsior Springs, Mo.</u> | | 23c. DATE SIGNED <u>9-26-55</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Sept. 24, 1955</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Riffe Cemetery</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>3 Miles N of Orrick, Mo.</u> | | | | | |
| DATE REC'D BY LOCAL REG. <u>Sept 27-55</u> | | REGISTRAR'S SIGNATURE <u>Helen J. Larkins 272</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>B. W. Good</u> ADDRESS <u>Orrick, Mo.</u> | |

WRITE PLAINLY—USING UNFADING—BLACK INK—MAKE A PERMANENT RECORD

2590

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
Student Embalmer

Signed Charles F. Taylor

Licensed Embalmer No. 4534

P. O. Address Cherry Hill

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 this body is not embalmed, fact should be so stated above.