S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 10 1946

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 26296

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 987

**1. PLACE OF DEATH:**
(a) County Buchanan
(b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital #2 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 yrs 6 mos 10 das (Specify whether
In this community 4 yrs. 6 mo. 10 da. years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**
(a) State Mo (b) County Jackson
(c) City or town K C Mo (If outside city or town limits, write "RURAL")
(d) Street No. 3220 Agnes St (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Vista Naomi Cameron
3. (b) If veteran, name war No
3. (c) Social Security No. Nil
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Charles H Cameron
6. (c) Age of husband or wife if alive Not given years
7. Birth date of deceased April (Month) ? (Day) 1881 (Year)

8. AGE: Years 65+ Months ? Days ? If less than one day hr. min.

9. Birthplace Odessa Mo (City, town, or county) (State or foreign country)
10. Usual occupation House wife
11. Industry or business at home
FATHER
12. Name B. A. Gibson
13. Birthplace Mercer Co Mo (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Lakhia Cooley
15. Birthplace Mercer Co Mo (City, town, or county) (State or foreign country)
16. (a) Informant Charles H Cameron
(b) Address 3220 Agnes St K C Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8/29/1946 (Month) (Day) (Year)
(c) Place: burial or cremation Kansas City, Missouri.
18. (a) Signature of funeral director Walter Meierhoffer
(b) Address 1302 Faraon, St. Joseph, Missouri.
19. (a) Sept. 3, 1946 (Date received local registrar) (b) [signature] (Registrar's signature) By V. N. H.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 8 day 29 year 1946 hour 4 45 minute P M.
21. I hereby certify that I attended the deceased from Jan 1st 1946 to 8/29 1946 that I last saw her alive on 8/29 1946 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Acute myocarditis | 10 min |
| Due to ~~Hypoca~~ arteriosclerosis | |
| Due to advanced age | |
| Other conditions (Include pregnancy within 3 months of death) Psychosis with organic brain disease Huntingtons Chorea | 14 yrs |

Major findings:
Of operations
Of autopsy 93A

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature [signature] (M. D. or other)
Address State Hospital #2 St. Joseph, Mo. Date signed 8/29/1946

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(Licensed Embalmer's Statement on Reverse Side)

OCT 8 1946

## 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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....Elbert R. Harrington

Licensed Embalmer No.....326-8 Mo

P. O. Address.....St. Joseph, 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 this body is not embalmed, fact should be so stated above.**