

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**38313**

State File No. \_\_\_\_\_

**FILED DEC 13 1949**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 5928 Registrar's No. 156

1. PLACE OF DEATH a. COUNTY <u>Polk</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural-Johnson Twp.</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural-Johnson Twp.</u>	
c. LENGTH OF STAY (In this place) <u>15 yrs</u>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ALFRED</u> b. (Middle) <u>H.</u> c. (Last) <u>CAMERON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 25 1949</u>		
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5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>June 9, 1889</u>		9. AGE (In years last birthday) <u>60</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>16</u>		IF UNDER 24 HRS. Hours _____ Min. _____	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) <u>Winard, Kansas</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
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13a. FATHER'S NAME <u>Charles Cameron</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Burfield</u>			14. NAME OF HUSBAND OR WIFE <u>Ada Cameron</u>		
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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. Ada Cameron</u> ADDRESS <u>Humansville, Mo.</u>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u>						INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						<u>4222</u>	

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) _____	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on 11-25, 1949, and that death occurred at 6:45A m., from the causes and on the date stated above.

23a. SIGNATURE <u>D. G. Roberson</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Humansville Missouri</u>		23c. DATE SIGNED <u>11/25/49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov 27, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Humansville Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Humansville, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>Dec 3, 1949</u>		REGISTRAR'S SIGNATURE <u>Ralph Barber per Jewell Barber</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. H. Primm</u> ADDRESS <u>Humansville, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 71

District File Number 11-49-1457

Date Filed 12-12-49

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.

Signed *Wm. H. Northrop*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4747

P. O. Address *Humansville, 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.