

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

43464
 66

State File No. _____

FILED JAN 6 1950

BIRTH NO. _____		REG. DIST. NO. <u>381</u>		PRIMARY REG. DIST. NO. <u>6183</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>Sullivan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u>				b. COUNTY <u>Sullivan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Milan</u>		c. LENGTH OF STAY (in this place) <u>30 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Milan</u>				<u>10</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>County Infirmary</u>				d. STREET ADDRESS (If rural, give location) <u>3</u>				<u>0</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u>			b. (Middle) _____		c. (Last) <u>Camlen</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12 28 1949</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>2-12-1880</u>		9. AGE (In years last birthday) <u>69</u>	10 UNDER 1 YEAR Months <u>10</u> Days <u>16</u>	11 UNDER 1 HRS. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>County Charge</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Sullivan Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>		
13a. FATHER'S NAME <u>Isaac Spences</u>			13b. MOTHER'S MAIDEN NAME <u>Rebecca Fanning</u>		14. NAME OF HUSBAND OR WIFE <u>James Camlen</u>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ray Stufflebean Milan 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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia - unspecified</u> ANTECEDENT CAUSES Chronic myocarditis with myocardial degeneration Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. Essential hypertension DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>4 22 2</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						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) m.		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 <u>12-23</u> , 19 <u>49</u> , to <u>12-28</u> , 19 <u>49</u> , that I last saw the deceased (die on <u>12-28</u> , 19 <u>49</u> , and that death occurred at <u>9</u> PM m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Joseph E. Prior M.D.</u>				23b. ADDRESS <u>Milan, Missouri</u>			23c. DATE SIGNED <u>12-30-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/31/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oakwood</u>		24d. LOCATION (City, town, or county) (State) <u>Milan Mo</u>				
DATE REC'D BY LOCAL REG. <u>Dec. 30 - 1949</u>		REGISTRAR'S SIGNATURE <u>Mrs. H. B. Harris</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Scroggins</u> <u>Ray Stufflebean</u>		ADDRESS <u>Milan Mo</u>			

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

RECEIVED JAN 1 1950
District Health Officer No. 10
District File Number ¹⁻⁵⁰⁻¹ 1950
Date Filed JAN 1 1950

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..... *Doright Schauer*

Licensed Embalmer No. *2667*

P. O. Address *Indian - 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.