

FILED AUG 11 1950

## STANDARD CERTIFICATE OF DEATH

State File No. 23160

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. <sup>100</sup> ~~1004~~ PRIMARY REG. DIST. NO. 5387 Registrar's No. 55

1. PLACE OF DEATH a. COUNTY Dent			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Dent			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural		c. LENGTH OF STAY (In this place) 61 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural		03310	
d. FULL NAME OF HOSPITAL OR INSTITUTION None			d. STREET ADDRESS (If rural, give location) Near Boss, Missouri			
3. NAME OF DECEASED (Type or Print) a. (First) Easter		b. (Middle) L;	c. (Last) Camden		4. DATE OF DEATH (Month) (Day) (Year) 8/1/50	
5. SEX F /	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 11/27/1888	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months Days	
IF UNDER 12 Hrs. Hours Min.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY ---	11. BIRTHPLACE (State or foreign country) Missouri		
12. CITIZEN OF WHAT COUNTRY? U.S.	13a. FATHER'S NAME Joel Barton		13b. MOTHER'S MAIDEN NAME Susan Asher	14. NAME OF HUSBAND OR WIFE William Camden		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) no		16. SOCIAL SECURITY NO. --	17. INFORMANT'S SIGNATURE OR NAME ADDRESS William Camden, Boss, Missouri			
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>Tuberculosis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pulmonary Tuberculosis</u>  DUE TO (c) <u>(Supp. report)</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>#</u>			INTERVAL BETWEEN ONSET AND DEATH ?
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>1-17-1946</u> , to <u>7-17-1959</u> that I last saw the deceased alive on <u>7-17-1950</u> , and that death occurred at <u>10:00</u> p.m., from the causes and on the date stated above.						
23a. SIGNATURE <u>M. M. Hart</u> (Degree or title)			23b. ADDRESS <u>Salem, Mo.</u>		23c. DATE SIGNED <u>8-5-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8/3/50	24c. NAME OF CEMETERY OR CREMATORY Camden Cemetery		24d. LOCATION (City, town, or county) (State) Dent County, Missouri		
DATE REC'D BY LOCAL REG. 8-5-50		REGISTRAR'S SIGNATURE <u>M. M. Hart</u>	EMERALD DIRECTOR'S SIGNATURE <u>H. P. Hart</u>	ADDRESS <u>Salem, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

-----  
File No.

DISTRICT HEALTH OFFICE NO. 4

AVG - 8.1950

RECEIVED

---

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

*Wm. W. McDonald*

Licensed Embalmer No. 3806

P. O. Address Salem, N.J.

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.