No. 300
10.46

FILED MAY 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15829

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 179

1. PLACE OF DEATH
a. COUNTY: CAPE GIRARDEAU
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CAPE GIRARDEAU
c. LENGTH OF STAY (In this place): 4 WKS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): CAPE OSETEOPATHIC HOSP

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO.
b. COUNTY: BOLLINGER
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL LORANCE TWP.
d. STREET ADDRESS (If rural, give location): NEAR GLEN ALLEN

3. NAME OF DECEASED (Type or Print)
a. (First): ERNEST
b. (Middle):
c. (Last): CAMREN

4. DATE OF DEATH (Month) (Day) (Year): 5 - 4 - 51

5. SEX: M.O
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 6-10-1877
9. AGE (In years last birthday): 73
IF UNDER 1 YEAR: Months: 10 Days: 24
IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): TEACHER
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): CAPE CO., MO.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: ALEXANDER CAMREN
13b. MOTHER'S MAIDEN NAME: KATHERINE KELLY
14. NAME OF HUSBAND OR WIFE: CORA M. CAMREN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: CORA M. CAMREN
ADDRESS: GLEN ALLEN, MO.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchogenic carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 4 months

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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 162X
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 28, 1951, *to* May 4, 1951, *that I last saw the deceased alive on* May 2, 1951, *and that death occurred at* 12:20 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Everette L. Price, D.O.
23b. ADDRESS: Lutesville, Mo.
23c. DATE SIGNED: 5-8-51

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 5-6-51
24c. NAME OF CEMETERY OR CREMATORY: BAKER CEM.
24d. LOCATION (City, town, or county) (State): LUTESVILLE, MO

DATE REC'D BY LOCAL REG.: 5-8-1951
REGISTRAR'S SIGNATURE: C.C. Summers 44
25. FUNERAL DIRECTOR'S SIGNATURE: BAKER FUNERAL HOME
ADDRESS: LUTESVILLE, MO.

(Licensed Embalmer's Statement on Reverse Side)

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

2169
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RECEIVED
MAY 14 1951
DISTRICT HEALTH OFFICE No. 6
No.....

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 T. E. Graham

Licensed Embalmer No. 4010

P. O. Address Lutesville, 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.