

FILED MAY 31 1951

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

State File No. 16380

BIRTH NO.		REG. DIST. NO. 145		PRIMARY REG. DIST. NO. 5566		Registrar's No. 32	
1. PLACE OF DEATH a. COUNTY IRON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Iron			
b. CITY (If outside corporate limits, write RURAL and give township) Bixby Mo		c. LENGTH OF STAY (in this place) 30 days		c. CITY (If outside corporate limits, write RURAL and give township) Bixby		0470	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 5			
3. NAME OF DECEASED (Type or Print) a. (First) Milton			b. (Middle) Ray		c. (Last) Camden		4. DATE OF DEATH (Month) (Day) (Year) May 19 51
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Baby 0		8. DATE OF BIRTH April 19/ 54	
9. AGE (In years last birthday) One		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Brick Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Clarence Camden		13b. MOTHER'S MAIDEN NAME Glymline Dunn		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Clarence Camden Brick 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Strangulation					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) Bed clothing					E 9 15 40 18
		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 50-100g to 1047					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) At Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Bixby Iron Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 5 19 51		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Smothered in Bed By Bed Clothing			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE W. H. Howell 3 (Degree or title) Coroner				23b. ADDRESS Ironton, Mo.		23c. DATE SIGNED 5/20/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/21/51		24c. NAME OF CEMETERY OR CREMATORY Brick Mo		24d. LOCATION (City, town, or county) (State) Brick Mo	
DATE REC'D BY LOCAL REG. May 22- 1951		REGISTRAR'S SIGNATURE Mrs Elizabeth Logan		25. FUNERAL DIRECTOR'S SIGNATURE None		ADDRESS	

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

470

RECEIVED

MAY 28 1951

DISTRICT HEALTH OFFICE No. 6

File 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 _____

Was not embalmed

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed C. A. Howell

Licensed Embalmer No. 3670

P. O. Address Princeton MD

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.