

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16412**
Registrar's No. **2089**

FILED MAY 17 1952

BIRTH NO.		REG. DIST. NO. 149	PRIMARY REG. DIST. NO. 002	Registrar's No. 2089
1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. LENGTH OF STAY (In this place) 13 months	c. CITY (If outside corporate limits, write RURAL and give township) Independence	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital		d. STREET ADDRESS (If rural, give location) 1817 Appleton Street		
3. NAME OF DECEASED (Type or Print) a. (First) John		b. (Middle)	c. (Last) De Camp	4. DATE OF DEATH (Month) (Day) (Year) May 7 1952
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 17, 1876	9. AGE (In years last birthday) Months Days 75
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Demurrage Inspector		10b. KIND OF BUSINESS OR INDUSTRY Rail Road	11. BIRTHPLACE (City and State or Foreign Country) Burlington, New Jersey	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME James Wood De Camp		13b. MOTHER'S MAIDEN NAME Sophia Baquete	14. NAME OF HUSBAND OR WIFE Laura C. De Camp	
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. 702-12-1177	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Laura C. De Camp, 1817 Appleton Indep. 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hours
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary artery lesion / open		15 years
		DUE TO (c) Hypertension		10 years
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. myocardial infarction		10 years
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) no		21b. PLACE OF INJURY (e.g. In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4201	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 4-10-52 , to 5-7-52 , and that death occurred at 3:30 p.m. , from the causes and on the date stated above.				
23a. SIGNATURE W. W. Miller		23b. ADDRESS 100 Argyle		23c. DATE SIGNED 5-7-52
24a. BURIAL CREMATION, REMOVAL (Specify) Burial		24b. DATE May 10, 1952	24c. NAME OF CEMETERY OR CREMATORY Mt. Washington Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri
DATE REC'D BY LOCAL REG. 5-7-52	REGISTRAR'S SIGNATURE Sheraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS George C. Carson Funeral Home Indep. Mo.	

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

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 *Harold E. Keenel*

Licensed Embalmer No. 4609

P. O. Address *Indy IN*

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.