

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **38454**

FILED NOV 18 1952

BIRTH NO.		REG. DIST. NO. 139	PRIMARY REG. DIST. NO. 5536	Registrar's No. 77
1. PLACE OF DEATH a. COUNTY HOLT		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY HOLT		
b. CITY (If outside corporate limits, write RURAL and give township) REGON-RURAL LEWIS		c. LENGTH OF STAY (In this place) 42 YRS.		
d. FULL NAME OF HOSPITAL OR INSTITUTION NONE		c. CITY (If outside corporate limits, write RURAL and give township) TOWN OREGON-RURAL LEWIS TWP.		
d. STREET ADDRESS NONE		d. STREET ADDRESS (If rural, give location) 0449		
3. NAME OF DECEASED (Type or Print) a. (First) GEORGE	b. (Middle) ANDERSON	c. (Last) CAMERON	4. DATE OF DEATH (Month) (Day) (Year) NOV. 5 1952	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH (In years) (Month) (Day) (Hour) (Min.) MARCH 4, 1874 AGE (In years) (Month) (Day) (Hour) (Min.) 78	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING		11. BIRTHPLACE (City and State or Foreign Country) JEWEL COUNTY, KANSAS
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME JOHN CAMERON		
13b. MOTHER'S MAIDEN NAME RACHAEL ANDERSON		14. NAME OF HUSBAND OR WIFE MINNIE MABEL CAMERON		
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 ADDRESS MRS. GEORGE CAMERON OREGON, MO.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY THROMBOSIS		INTERVAL BETWEEN ONSET AND DEATH 1 HOUR		
*This does not mean the mode of dying, such as suffocation, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		
Morbidity 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. HYPERTENSION, ARTERIOSCLEROSIS 2 years.		
19a. 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) 4-2-1
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 June , 19 42 , to Nov. 5 , 19 52 , that I last saw the deceased alive on 11-5-52 , 19 52 , and that death occurred at 12: A. m., from the causes and on the date stated above.				
23a. SIGNATURE D. H. E. Captain, D.O.		23b. ADDRESS Oregon Mo.		23c. DATE SIGNED 11-8-52
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE NOV. 7, 1952	24c. NAME OF CEMETERY OR CREMATORY FILLMORE	24d. LOCATION (City, town, or county) (State) FILLMORE, MO.
DATE REC'D BY LOCAL REG. 11-10-1952		REGISTRAR'S SIGNATURE James H. Campbell 469		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS James H. Pettigrove Oregon Mo

(Licensed Embalmer's Statement on Reverse Side)

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

3440
1

See death cert

Aug 21 1959

MAY 7 1959

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

James H. Pettigrew

Licensed Embalmer No. 3192

P. O. Address Oregon 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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

38454 52

State of Missouri }
County of Holt } ss.

State File No. _____
Local Registrar's No. _____

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 14th day of August, 1953, before me appears _____

Minnie Cameron, who, upon her oath, states that the original record of ~~birth~~ death

for George Anderson Cameron, died ~~born~~ November 5, 1952, in the State of Missouri, and which was filed at Holt County on Nov., 1952, should be corrected as follows:

Item No. 8 should read March 4, 1874

Instead of March 4, 1873

Item No. 9 should read 78 years

Instead of 79 years

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant. Minnie Cameron Wife
Relationship.

Oregon, Missouri
Present Address.

Subscribed and sworn to before me this 14th day of August, 1953.

My Commission expires January 30, 1957 James H. Prutzman Notary Public.

NO FEE
ENCLOSED
AUG 17 1953

S-38454 1952