

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **36382**

FILED DEC 7 1954

BIRTH NO. _____		REG. DIST. NO. <u>2</u>		PRIMARY REG. DIST. NO. <u>4009</u>		Registrar's No. <u>613</u>	
1. PLACE OF DEATH a. COUNTY <u>Andrew</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Rock</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>SAVANNAH</u>		c. LENGTH OF STAY (in this place) <u>2 DAY</u>		c. CITY OR TOWN <u>Matonia</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>DR. NICHOLS SANATORIUM</u>				STREET ADDRESS (If rural, give location) <u>Rural 5158</u>			
3. NAME OF DECEASED (Type or Print) <u>MAGGIE</u>		a. (First)		b. (Middle) <u>GLADYS</u>		c. (Last) <u>CAMP</u>	
4. DATE OF DEATH <u>11-18-54</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Aug. 2 1897</u>		9. AGE (In years last birthday) <u>57</u>		10. IF UNDER 1 YEAR Months <u>3</u> Days <u>16</u>		11. IF UNDER 24 HRS. Hours <u>16</u> Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Osborne Co. Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13a. FATHER'S NAME <u>CHARLES RUBIE</u>		13b. MOTHER'S MAIDEN NAME <u>MAGGIE CASE</u>		14. NAME OF HUSBAND OR WIFE <u>Elmer Camp</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>_____</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Peter Camp Matonia Kan.</u>			
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) <u>Cornary Occlusion</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 Hrs.</u>	
ANTECEDENT CAUSES Aford 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 <u>4201</u>				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) _____		21f. HOW DID INJURY OCCUR	
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"/>		_____			
22. I hereby certify that I attended the deceased from <u>Nov. 18, 1954</u> , to <u>Nov. 18, 1954</u> , that I last saw the deceased alive on <u>Nov. 18, 1954</u> , and that death occurred at <u>10:30 A. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>loyd K. Keneall</u>				23b. ADDRESS <u>2 Savannah, Missouri</u>		23c. DATE SIGNED <u>Nov 18, 1954</u>	
24a. BURIAT., CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>11-20-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Matonia Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Matonia Kan.</u>	
DATE REC'D BY LOCAL REG. <u>11-18-54</u>		REGISTRAR'S SIGNATURE <u>William Sparks</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Brent Funeral Savannah</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 18 1961

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.....
Signature of Student Embalmer

Signed..... *Mary R. Breit*

Licensed Embalmer No. *30*

P. O. Address... *Sawan*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (To comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.