

FILED SEP 6 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28758

State File No.

BIRTH NO. _____ REG. DIST. NO. 359 PRIMARY REG. DIST. NO. 4526 Registrar's No. 11

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| 1. PLACE OF DEATH a. COUNTY <u>Vernon</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Vernon</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sheldon</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sheldon</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u> | | d. STREET ADDRESS (If rural, give location) | |

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|-------------------------------------|-------------------------|--------------------------|--------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Press</u> | b. (Middle) <u>Henry</u> | c. (Last) <u>Cameron</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 27 55</u> |
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|--------------------|-------------------------------|---|-------------------------------------|---|------------------------|----------------------|----------------------|-----------------------|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Jan 24 1882</u> | 9. AGE (In years last birthday) <u>73</u> | IF UNDER 1 YEAR Months | IF UNDER 6 mos. Days | IF UNDER 1 hr. Hours | IF UNDER 15 Min. Min. |
|--------------------|-------------------------------|---|-------------------------------------|---|------------------------|----------------------|----------------------|-----------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Landlord</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Rental Property</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Marion Co. Ky. /</u> | 12. CITIZEN OF WHAT COUNTRY? <u>US</u> |
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| 13a. FATHER'S NAME <u>Unk</u> | 13b. MOTHER'S MAIDEN NAME <u>Unk</u> | 14. NAME OF HUSBAND OR WIFE <u>Eva Cunningham</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Eva Cameron Sheldon Mo.</u> ADDRESS |
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| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary occlusion</u> DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Generalized Arteriosclerosis</u> | | | |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) _____ |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____ | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? _____ |
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22. I hereby certify that I attended the deceased from 8-27, 1955, to 8-27, 1955, that I last saw the deceased alive on 8-27, 1955, and that death occurred at 7:20 A.m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Thomas Carroll</u> (Degree or title) <u>0 M.D.</u> | 23b. ADDRESS <u>Lamar Missouri</u> | 23c. DATE SIGNED <u>8-30-55</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Aug. 29</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Sheldon</u> | 24d. LOCATION (City, town, or county) (State) <u>Sheldon Mo</u> |
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| DATE REC'D BY LOCAL REG. OFFICE <u>Sept 2 1955</u> | REGISTRAR'S SIGNATURE <u>Miss Ruth Faith</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Gerald Deeny</u> ADDRESS <u>Sheldon Mo</u> |
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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 *S. Gerald Beeny*

Licensed Embalmer No. *4203*

P. O. Address *Sheldon 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.