

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 32127  
Registrar's No. 210

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002

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

1. PLACE OF DEATH a. COUNTY <b>Audrain</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Montgomery</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Mexico Mo</b>		c. LENGTH OF STAY (in this place) <b>1 hr</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Audrain County</b>		c. CITY OR TOWN <b>Montgomery City</b> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <b>none</b>		0 200 -1	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Effie</b> b. (Middle) <b>XX</b> c. (Last) <b>Camp</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>II-2-1955</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Colored</b>	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>5-10-1879</b>
9. AGE (In years last birthday) <b>77</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Montgomery City Mo</b>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
13a. FATHER'S NAME <b>Mike Harris</b>		13b. MOTHER'S MAIDEN NAME <b>Eliza Diggs</b>	14. NAME OF HUSBAND OR WIFE <b>John Camp "Deceased"</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>John Camp Montgomery City Mo</b>
MEDICAL CERTIFICATION			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b> ANTECEDENT CAUSES DUE TO (b) <b>Bronchopneumonia</b> DUE TO (c) <b>chronic myocarditis</b>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Generalized arteriosclerosis</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>didn't see me until 10/30/55</b>	
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) <b>4201</b>			
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?			
22. I hereby certify that I attended the deceased from <b>10:30</b> , 19 <b>55</b> , to <b>11-2</b> , 19 <b>55</b> , that I last saw the deceased alive on <b>11-2</b> , 19 <b>55</b> , and that death occurred at <b>4:10</b> p.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>E. T. Andersen, M.D.</b>		23b. ADDRESS <b>Montgomery City Mo.</b>	
23c. DATE SIGNED <b>11/2/55</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>II-5-55</b>	
24c. NAME OF CEMETERY <b>Montgomery City</b>		24d. LOCATION (City, town, or county) (State) <b>Montgomery City Mo</b>	
DATE REC'D BY LOCAL REG. <b>Nov 3, 1955</b>		REGISTRAR'S SIGNATURE <b>Blanche Reely</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>W. H. H. H.</b>		ADDRESS <b>MONTGOMERY CITY MO</b>	

**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, ~~XXXX~~ on the 2nd day of Nov 1955, Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *C. W. Hopkins*  
Licensed Embalmer No. .... I487

P. O. Address Montgomery

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed; fact should be so stated above.