

FILED FEB 15 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1841

State File No. ....

550

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

No. 300  
10.48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 383 PRIMARY REG. DIST. NO. 5655 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Lawrence Mo</u> b. COUNTY <u>Jefferson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Mt. Vernon</u>		c. CITY OR TOWN <u>Crystal City</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>588 days</u>		e. STREET ADDRESS (If rural, give location) <u>1107 Burgess</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. State Sanatorium</u>		0501	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ferdinand</u> b. (Middle) <u>Henry</u> c. (Last) <u>Cambron</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 7, 1956</u>
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>July 31, 1914</u>
9. AGE (In years last birthday) <u>41</u>		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Glass Polisher</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Mo.</u>
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Glass Polisher</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Glass Co.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Ferdinand Cambron</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Anna West</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Margaret Cambron</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>489-03-4193</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>San records, Mo. S.S., Mt. Vernon, Mo.</u>
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) <u>Pulmonary tuberculosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>abt. 2 yrs.</u> *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. ANTECEDENT CAUSES Morbid 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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		002x	
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)	
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"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>6 - 29 - , 19 54</u> , to <u>2 - 7 - , 19 56</u> that I last saw the deceased alive on <u>2 - 7 - , 19 56</u> , and that death occurred at <u>8:50p. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>[Signature]</u>		23b. ADDRESS <u>Mt. Vernon, Missouri</u>	23c. DATE SIGNED <u>2-8-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>2-7-56</u>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <u>Crystal City, Mo.</u>
DATE REC'D BY LOCAL REG. <u>2-8-56</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature]</u>	

(Licensed Embalmer's Statement on Reverse Side)

OCT 30 1957.

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 me....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed [Handwritten Signature].....

Licensed Embalmer No. 220.....  
P. O. Address [Handwritten Address].....

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.