

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6031

State File No.

FILED FEB 21 1956

BIRTH NO. 127 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 4462 Registrar's No. 46

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Elvins</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Elvins</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0940</u>	

3. NAME OF DECEASED (Type or Print) <u>LEVI</u>	a. (First)	b. (Middle) <u>CAMDEN</u>	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb- 8- 1956</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>June 3, 1882</u>	9. AGE (In years last birthday) <u>73</u>	# UNDER 1 YEAR Months <u>8</u>	# UNDER 24 HRS. Hours <u>5</u>	# UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Supervisor</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Potosi Tie & Lumber</u>	11. BIRTHPLACE (State or foreign country) <u>Boss, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Milton Camden</u>	13b. MOTHER'S MAIDEN NAME <u>Mandy Goforth</u>	14. NAME OF HUSBAND OR WIFE <u>Nora Stafford Camden</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>499-05-9038</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Nora Camden</u>	ADDRESS <u>Elvins, Mo.</u>
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1.6 hrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) <u>arteriosclerosis</u> rise to the above cause (a) stating the underlying cause last.		
	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"/>
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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 Feb 8, 1956 to Feb 8, 1956, that I last saw the deceased alive on Feb 8, 1956, and that death occurred at 10:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>L.M. Stafford</u> (Degree or title)	23b. ADDRESS <u>Harrington Mo</u>	23c. DATE SIGNED <u>2/10/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb-12-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Boss Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Boss, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Feb. 10, 1956</u>	REGISTRAR'S SIGNATURE <u>Esther Rudloff</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Murphy L. Sparks</u>	ADDRESS <u>Flat River, 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 *Murphy Lepus*

Licensed Embalmer No. *4336*

P. O. Address *Madison, Mo*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above. J