

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 10 1957

STATE FILE NO. **16032**
Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 207

1. PLACE OF DEATH a. COUNTY Adair				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Clark				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kahoka		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Laughlin Hospital			Length of stay in ib		d. STREET (If outside, give location) ADDRESS 123 W. Chestnut			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) John Thomas				First Thomas Middle Cameron Last Cameron		4. DATE OF DEATH June 2, 1957		
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Nov. 20, 1883		9. AGE (In years last birthday) 73		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) City Alderman			10b. KIND OF BUSINESS OR INDUSTRY City		11. BIRTHPLACE (City and state or country) Lewis County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Thomas D. Cameron				14. MOTHER'S MAIDEN NAME Sarah Kell				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. 497-07-7813		17. INFORMANT Vira G. Parrish, Kahoka, Mo.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) GENERALIZED TOXEMIA DUE TO (b) UREMIA - DEBILITY, ETC DUE TO (c) WIDESPREAD HODGKINS DISEASE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 201X							INTERVAL BETWEEN ONSET AND DEATH PREV. TO 5-9-57 UNKNOWN	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour 11:20 PM Month, Day, Year a. m. p. m.								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Kirksville, Mo.			20g. COUNTY Clark	
21. I attended the deceased from 5-9-57 to 6-2-57 and last saw <input checked="" type="checkbox"/> him alive on 6-2-57 . Death occurred at 11:20 PM on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) Paul Laughlin D. BS				22b. ADDRESS Kirksville, Mo.		22c. DATE SIGNED 6-3-57		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6/3/57	23c. NAME OF CEMETERY OR CREMATORY Kahoka Cemetery		23d. LOCATION (City, town, or county) (State) Kahoka, Missouri			
24. FUNERAL DIRECTOR Paul M. [Signature]			ADDRESS Kirksville, M.		25. DATE RECD. BY LOCAL REG. 6-5-1957		26. REGISTRAR'S SIGNATURE Doris W. Rathoff	

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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 *Kenneth E Hayes*

Licensed Embalmer No. *489*

P. O. Address *Kimball*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.