

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35038**

FILED NOV 12 1957

BIRTH NO. _____ REG. DIST. NO. 50 PRIMARY REG. DIST. NO. 4071 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY <u>Camden</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Camden</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Camdenton</u>		c. CITY OR TOWN <u>Camdenton</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>10 yr.</u>		e. STREET ADDRESS (If rural, give location) <u>Camdenton</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Camdenton Home</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Fred</u>		b. (Middle) <u>C</u>	
		c. (Last) <u>Rambke</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 8 1957</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 13-1869</u>
9. AGE (In years last birthday) <u>88</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>25</u>	IF UNDER 24 HRS. Hour <u></u> Min. <u></u>	12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Iron Molder</u>	
11. BIRTH PLACE (City and State or Foreign Country) <u>St Joseph Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	
13a. FATHER'S NAME <u>Conrad Rambke</u>		13b. MOTHER'S MAIDEN NAME <u>Miller</u>	
		14. NAME OF HUSBAND/OR WIFE <u>Alvina Amelia</u>	
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>no</u>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Norman Penfw, Pittsburg Kan.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medullary paralysis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Acute</u>	
ANTECEDENT CAUSES DUE TO (b) <u>Cerebral arteriosclerosis</u>		1 year	
DUE TO (c) <u>Arteriosclerosis</u>		3 years	
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 <u>334X</u>	
20. AUTOPSY? <u>2</u> 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)			
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 <u>8-9-57</u> , 19 <u>57</u> , to <u>10-8</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>11-6-57</u> , 19 <u>57</u> , and that death occurred at <u>5:25 A.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Kenneth E. Mitchem D.D.</u>		23b. ADDRESS <u>Camdenton, Missouri</u>	
		23c. DATE SIGNED <u>10-8-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>11/10/57</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Mt Olive Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Pittsburg Kansas</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 8-1957</u>		REGISTRAR'S SIGNATURE <u>Zilpha J. Inaw</u>	
		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Reed Funeral Home Camdenton Mo.</u>	

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

42-0

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 *Robert H Reed*.....

Licensed Embalmer No. *3745*.....

P. O. Address *Camden, N.J.*.....

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.