

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-039134

STATE FILE NUMBER

FILED NOV 24 1958 Registration District No. 50 Primary Registration District No. 4071 Registrar's No. 33

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>Camden</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	a. STATE <b>Mo.</b>	Residence before admission CITY <b>Camden</b> COUNTY <b>Life</b>
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Camdenton</b>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Camdenton</b>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>At-Home</b>	Length of stay in lb	d. STREET ADDRESS <b>183 West Hwy 54</b>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First <b>Mary</b>	Middle <b>Telitha</b>	Last <b>Caviness</b>	Month <b>Nov.</b>	Day <b>14</b>	Year <b>1958</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>August 5, 1872</b>	9. AGE (In years last birthday) <b>86</b>	IF UNDER 1 YEAR Months <b>3</b> Days <b>8</b> Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House-Wife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At-Home</b>	11. BIRTHPLACE (City and state or country) <b>Camden County</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13. FATHER'S NAME <b>David Walters</b>	14. MOTHER'S MAIDEN NAME <b>Sarah Webb</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no no</b>	16. SOCIAL SECURITY NO. <b>no</b>	17. INFORMANT Address <b>Mrs. Henry Cumper, Camdenton Mo.</b>

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Medullary Paralysis</b>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Cachexia</b>	<b>Two weeks</b>
	DUE TO (c) <b>Carcinomatosis</b>	<b>Two weeks</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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 a. m. p. m.	
20d. INJURY OCCURRED WHILE AT <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 COUNTY STATE

21. I attended the deceased from <b>2/7/58</b> to <b>11/14/58</b> and last saw her alive on <b>11/14/58</b> Death occurred at <b>5:30</b> p. m. on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <b>Kenneth E. Wastchen MD<sup>2</sup></b>	22b. ADDRESS <b>Camdenton, Mo.</b>
	22c. DATE SIGNED <b>11/23/58</b>

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Nov. 16-1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Roach Cemetery</b>	23d. LOCATION (City, town, or county) <b>Roach Mo.</b>
24. FUNERAL DIRECTOR ADDRESS <b>Reed Funeral Home, Camdenton Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>Nov. 16-1958</b>	26. REGISTRAR'S SIGNATURE <b>Zilpha J. Draw</b>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. All symptoms will be listed. All

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. 37

P. O. Address Camden

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