

# MURKIN DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 26 1960

-60-034294  
STATE FILE NUMBER

Registration District No. 100 Primary Registration District No. 3018 Registrar's No. 73

ENDED

1. PLACE OF DEATH a. COUNTY <u>Dent</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dent</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Salem</u>		Length of stay in 1b <u>hours</u>		c. CITY OR TOWN <u>-----</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>503 S. Jackson St.</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Scotia</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>LAWRENCE</u> Middle <u>ONDO</u> Last <u>CAMDEN</u>				4. DATE OF DEATH Month <u>Sept.</u> Day <u>16</u> Year <u>1960</u>					
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>5/29/07</u>	9. AGE (last birthday) <u>53</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>		11. BIRTHPLACE (City and state or country) <u>Reynolds Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>		
13a. FATHER'S NAME <u>M. J. Camden</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Bay</u>			14. NAME OF HUSBAND OR WIFE <u>Ellen Williams Camden</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>499-22-8333</u>		17. INFORMANT <u>Gene Camden</u>		Address <u>Salem, Missouri</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:								INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <u>CORONARY THROMBOSIS</u>								<u>4 hours</u>	
DUE TO (b) <u>CORONARY HEART DISEASE</u>								<u>3 yrs</u>	
DUE TO (c) _____									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input checked="" 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. _____	Month, Day, Year <u>8/15/57</u> to <u>9/16/60</u>								
20d. INJURY OCCURRED 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 <u>8/15/57</u> to <u>9/16/60</u> and last saw <sup>him</sup> alive on <u>9/16/60</u> Death occurred at <u>10:30 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <u>L.H. Hunt M.D.</u>				22b. ADDRESS <u>Salem, Mo.</u>				22c. DATE SIGNED <u>9/17/60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>9/19/1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Cedar Grove Cemetery</u>			23d. LOCATION (City, town, or County) <u>Salem, Missouri</u>			
24. FUNERAL DIRECTOR <u>Max L. Wayne Salem, Mo.</u>				ADDRESS _____		25. DATE RECD. BY LOCAL REG. <u>9/19/60</u>		26. REGISTRAR'S SIGNATURE <u>M. M. Hart, M.D.</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 26 1960

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by James E. Kurtright, Student Embalmer No. 61

working under my personal supervision.

Student James E. Kurtright  
Signature of Student Embalmer

Signed Max C. Wainford

Licensed Embalmer No. 4179

P. O. Address Helen, N

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.