

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-026204

STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 898

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1 0128  
2 0910

3

4 0

5 1

6

7 0

8 2

9 4-201

10

11

12 92-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|  |   |
|--|---|
| <p style="font-weight: bold;">JUL 23 1962</p>  |   |
| <p>1. PLACE OF DEATH<br/>a. COUNTY <u>BUTLER</u></p>   |   |
| <p>b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Poplar Bluff</u> Length of stay in 1b</p>  |   |
| <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>D.O.A. at Doctors Hospital</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>   |   |
| <p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br/>a. STATE <u>Mo.</u> b. COUNTY <u>Ripley</u></p>   |   |
| <p>c. CITY OR TOWN <u>Gatewood</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>   |   |
| <p>d. STREET ADDRESS (If outside, give location) <u>3 miles South</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>   |   |
| <p>3. NAME OF DECEASED (Type or print) First Middle Last<br/><u>Rufus Andrew McCamey</u></p>   |   |
| <p>4. DATE OF DEATH Month Day Year<br/><u>July 12 1962</u></p>   |   |
| 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>3-21-1883</u>   |
| 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR<br><u>79</u> Months 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>FARMING</u>  |
| 11. BIRTHPLACE (City and state or country) <u>Ripley Co. Mo.</u>   |   |
| 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>  |   |
| 13a. FATHER'S NAME <u>Willis McCamey</u>   |   |
| 13b. MOTHER'S MAIDEN NAME <u>Ann Johnson</u>   |   |
| 14. NAME OF HUSBAND OR WIFE <u>Rosa Ann McCamey</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. _____  |   |
| 17. INFORMANT Address <u>Rosa Ann McCamey</u>  |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Asphyxiation</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Coronary Thrombosis</u><br>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.<br><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 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 Month Day Year<br><u>11:40 p.m. May 1st 62</u>  |   |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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>May 1st 62</u> to _____ and last saw him alive on <u>July 7th</u> .<br>Death occurred at <u>11:40 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.  |   |
| 22a. SIGNATURE (Degree or title) <u>H.D. Markel M.D.</u>   |   |
| 22b. ADDRESS <u>Poplar Bluff, Mo.</u>  |   |
| 22c. DATE SIGNED <u>7/13/62</u>  |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>   |   |
| 23b. DATE BURIAL <u>7-16-1962</u>  |   |
| 23c. NAME OF CEMETERY OR CREMATOR <u>TUCKER Cemetery Ripley Co. Missouri</u>   |   |
| 23d. LOCATION (City, town, or county) (State)  |   |
| 24. FUNERAL DIRECTOR ADDRESS <u>Edwards Funeral Home Doniphan, Mo.</u>   |   |
| 25. DATE RECD. BY LOCAL REG. <u>7/16/1962</u>  |   |
| 26. REGISTRAR'S SIGNATURE <u>Helene Graham</u>   |   |

USE BLACK INK OR TYPEWRITER RIBBON

**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 *Ronald Sloan*

Licensed Embalmer No. 5127

P. O. Address *Doniphan, Mo.*

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.