MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

63-035484

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 30a
Rev. 4/59

Registration District No. 75 Primary Registration District No. 3015 Registrar's No. 97

FILED OCT 10 1963

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	0251		
2	0251		
3	2		
4	0		
5	1		
6			
7	0		
8	0		
9	4200		
10			
11			
12	1-0		
13	20		

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY Clinton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cameron
Length of stay in 1b: 7 yr's
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cameron Comm Hosp.
Inside Limits: Yes # No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Clinton
c. CITY OR TOWN Cameron
Inside Limits: Yes # No ☐
d. STREET ADDRESS (If outside, give location) 118 So Elm
Reside on Farm: Yes ☐ No #

3. NAME OF DECEASED (Type or print): First James Middle Alma Last Caley

4. DATE OF DEATH: Month Oct. Day 4 Year 1963

5. SEX: Male

6. COLOR OR RACE: White

7. Married # Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: Feb. 19 1883

9. AGE (last birthday): 80yr's
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (City and state or country): Johnson Co. Mo.

12. CITIZEN OF WHAT COUNTRY: U. S. A.

13a. FATHER'S NAME: James Caley

13b. MOTHER'S MAIDEN NAME: Mary J. Curtis

14. NAME OF HUSBAND OR WIFE: Florence Caley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or Unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 515-01-3196

17. INFORMANT Address: Florence Caley Cameron Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 48 Hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) arteriosclerotic Heart Disease — 10 yrs.
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 4-11-1956 to 10-4-63 and last saw her him alive on 10-3-63
Death occurred at 6:05 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): J. H. Netherton MD

22b. ADDRESS: Cameron Mo

22c. DATE SIGNED: 10-7-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Buried

23b. DATE: Oct. 6 1963

23c. NAME OF CEMETERY OR CREMATORY: Delano

23d. LOCATION (City, town, or county) (State): Cameron Mo.

24. FUNERAL DIRECTOR ADDRESS: Poland Funeral Home Cameron, Mo.

25. DATE RECD. BY LOCAL REG.: Oct 7 1963

26. REGISTRAR'S SIGNATURE: Francis D Crawford

(Licensed Embalmer's Statement on Reverse Side)

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 Laurence J. Thompson

Licensed Embalmer No. 4735

P. O. Address Cameron, 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.