

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

37310

Registration District No. 244

Primary Registration District No. 6002A

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Frankfort (Slater)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Months (Specify whether years, months or days)
In this community

3. (a) PRINT FULL NAME Mary Lou Campbell 514

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive X years

7. Birth date of deceased May-12-1939
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>0</u>	<u>5</u>	<u>10</u>	hr. min.

9. Birthplace Marshall Saline Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Richard Wilmont Campbell

13. Birthplace Slater, Saline County, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Lucille Elice

15. Birthplace Woodridge Cooper Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant's signature Richard Campbell

(b) Address Slater Mo

17. (a) (Burial, cremation, or removal) (b) Date thereof Oct-26-79
(Month) (Day) (Year)

(c) Place: burial or cremation High Hill Cemetery

18. (a) Signature of funeral director John J. ...

(b) Address Slater Mo

19. (a) (Date received local registrar) (b) Registrar's signature John J. ...

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Saline
(c) City or town New Frankfort
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A? X years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 22
year 1979 hour 30 minute 2 M.

21. I hereby certify that I attended the deceased from Oct 15
1979, to Oct 22, 1979

that I last saw her alive on Oct 22, 1979
and that death occurred on the date and hour stated above.

Immediate cause of death Tobacco Pneumonia Duration 4 Days

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature William J. ... (M. D. or other)

Address William J. ... Date signed Oct 23 1979

WHILE FILLING IN—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

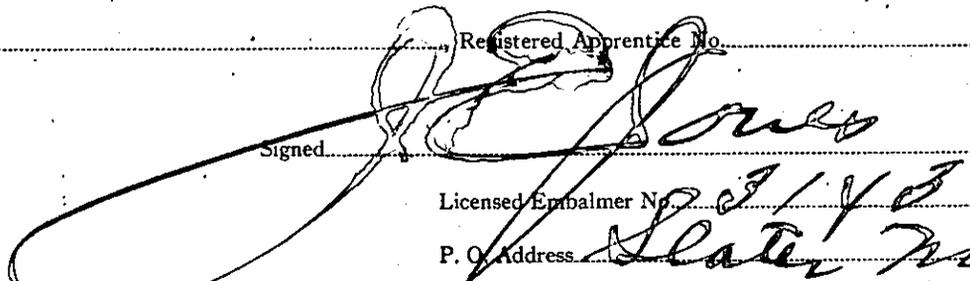
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RECEIVED
District Health Officer No. 8
District File Number
Date Filed 11/7/39

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.....

....., Registered Apprentice No.
working under my personal supervision.

Signed 

Licensed Embalmer No. 803143

P. O. Address State, Md.

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 this body is not embalmed, above space should be left blank.