

FILED MAR 30 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7252**

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 85

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Adair</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirksville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirksville</u>	
c. LENGTH OF STAY (in this place) <u>6 yrs.</u>		d. STREET ADDRESS <u>816 South First</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Stickler Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Smith</u>	b. (Middle) <u>Eldon</u>	c. (Last) <u>Campbell</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Mch. 22 1949</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>10/25/1892</u>	9. AGE (In years last birthday) <u>56</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 Hrs.	IF UNDER 1 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Gooch Milling Co.</u>	11. BIRTHPLACE (State or foreign country) <u>Maywood, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>T. M. Campbell</u>	13b. MOTHER'S MAIDEN NAME <u>Ida Walley</u>	14. NAME OF HUSBAND OR WIFE <u>Edith Mae Ross</u>
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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>506-05-8143</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Edith Mae Campbell, Kirksville, Mo</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4-5 yrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Status Asthmaticus</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>allergy to damp weather</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>malnutrition</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>2411</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Dec. 1945, to Mar. 22, 1949, that I last saw the deceased alive on May 22, 1949, and that death occurred at 12:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R. Stickler M.D.</u>	23b. ADDRESS <u>Kirksville Mo</u>	23c. DATE SIGNED <u>Mar 23-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>3/24/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Grand Island</u>	24d. LOCATION (City, town, or county) (State) <u>Grand Island, Nebraska</u>
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DATE REC'D BY LOCAL REG. <u>3-24-49</u>	REGISTRAR'S SIGNATURE <u>Kate Lambert</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul M. Riland</u>	ADDRESS <u>Kirksville, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 10

District File Number 3-49-55

Date Filed MAR 2-9-1949

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 _____
Student Embalmer

Signed Roy A. Mercer, Jr.

Licensed Embalmer No. 4432

P. O. Address Kirkville, 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 this body is not embalmed, fact should be so stated above.