

FILED APR 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7436

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 373

1. PLACE OF DEATH a. COUNTY <u>Brunswick</u>		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Lafayette</u>	
b. CITY OR TOWN <u>St Joseph</u>	c. LENGTH OF STAY (in this place) <u>2</u>	c. CITY OR TOWN <u>Lexington</u>	<u>54</u> <u>3</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital #2</u>		d. STREET ADDRESS (If rural, give location) <u>1 2</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Edward</u> b. (Middle) <u>B</u> c. (Last) <u>Campbell</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Apr</u> <u>2</u> <u>1949</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Apr 9 1860</u>	9. AGE (In years last birthday) <u>88</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>29</u>	IF UNDER 2 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>		11. BIRTHPLACE (State or foreign country) <u>Mo</u> <u>D</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>Allen Campbell</u>	13b. MOTHER'S MAIDEN NAME <u>Mattie John</u>	14. NAME OF HUSBAND OR WIFE <u>Chara Campbell</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>unknown</u>	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME <u>Resid Hospital St Joseph</u>	ADDRESS <u>St Joseph</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Degeneration</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>4-3-49</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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?

22. I hereby certify that I attended the deceased from 11-29, 1947, to 4-2, 1949, that I last saw the deceased alive on 4-1, 1949, and that death occurred at 9-25 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>P Thomas (by E. Salyer) M.D.</u>	23b. ADDRESS <u>State Hospital #2 St Joseph Mo</u>	23c. DATE SIGNED <u>4-3-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4/3/49</u>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <u>Lexington Mo.</u>
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DATE REC'D BY LOCAL REG. <u>April 6, 1949</u>	REGISTRAR'S SIGNATURE <u>L. C. Jenkins</u> 382	25. FUNERAL DIRECTOR'S SIGNATURE <u>Heaton-Bowman</u>	ADDRESS <u>St. Joseph, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

William Spalding

Licensed Embalmer No. 4535

P. O. Address 319 S. 11th St. Norfolk

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.