

FILED AUG 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25930

BIRTH NO. _____ REG. DIST. NO. 378 PRIMARY REG. DIST. NO. 4552 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY <u>WRIGHT</u> 1		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>WRIGHT</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MTN GROVE, MO</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MTN GROVE, MO.</u> 114	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION		0	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>CORRINNE</u>	b. (Middle)	c. (Last) <u>CAMPBELL</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>July 21 1949</u>

5. SEX <u>FEMALE</u> 1	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u> 2	8. DATE OF BIRTH <u>Mar 21, 1866</u>	9. AGE (In years last birthday) <u>83</u>	10. MONTHS <u>4</u>	11. DAYS <u>0</u>	12. HRS. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>1</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>GROGGY BONE</u>	13b. MOTHER'S MAIDEN NAME <u>MARTHA SLAYDEN</u>	14. NAME OF HUSBAND OR WIFE <u>ELVIN A. Campbell</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>ELVIN LEE</u>	ADDRESS <u>Wright Grove, Mo</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4500</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio-sclerosis</u>		
	ANTECEDENT CAUSES DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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) (Min)	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> 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 Jan 20, 1949, to July 21, 1949, that I last saw the deceased alive on July 21, 1949, and that death occurred at 8:35 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. M. Blumley M.D. 0</u>	23b. ADDRESS <u>Wright Grove Mo.</u>	23c. DATE SIGNED <u>7-22-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>7-25-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>SWEETEN POND</u>	24d. LOCATION (City, town, or county) (State) <u>DORA MO.</u>
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DATE REC'D BY LOCAL REG. <u>7-25-49</u>	REGISTRAR'S SIGNATURE <u>A. G. Ames</u>	348	25. FUNERAL DIRECTOR'S SIGNATURE <u>G. R. ABLE-WINDLE</u>	ADDRESS <u>MTN GROVE MO.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED AUG 2 1949
District Health Office No. 6,
District File Number 849-817
Date Filed 8-3-49

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 Frank Grable

Licensed Embalmer No. 4149

P. O. Address Springfield

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.