S. No. 300
V. 10.48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED SEP 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27378

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 5699 Registrar's No. [redacted]

1. PLACE OF DEATH
a. COUNTY: Livingston
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Fairview
c. LENGTH OF STAY (in this place): 75 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 9 miles S.E. Chillicothe

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Livingston
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Fairview
d. STREET ADDRESS (If rural, give location): 9 miles S.E. Chillicothe

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): Jordan
c. (Last): Campbell

4. DATE OF DEATH (Month) (Day) (Year): Aug. 21, 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: December 2, 1874
9. AGE (In years last birthday): 75 — If under 1 year: Months ___ Days ___ If under 24 hrs.: 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:
11. BIRTHPLACE (State or foreign country): Livingston County, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Smith Campbell
13b. MOTHER'S MAIDEN NAME: Nancy A. Titus
14. NAME OF HUSBAND OR WIFE: Elizabeth Campbell

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.: None
17. INFORMANT'S SIGNATURE OR NAME: Mrs. W. J. Campbell; ADDRESS: Chillicothe, Mo. RR.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 20 min.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Chr. Myocarditis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

4:20 P

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

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) Chillicothe (COUNTY) Liv. (STATE) Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-18-, 1948, *to* Apr 4, 1949, *that I last saw the deceased alive on* Apr 4, 1949, *and that death occurred at* 8:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: N. McDowell M.D. (Degree or title)
23b. ADDRESS: Chillicothe Mo
23c. DATE SIGNED: 8/23/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-24-49
24c. NAME OF CEMETERY OR CREMATORY: Welsh
24d. LOCATION (City, town, or county) (State): Livingston County, Mo

DATE REC'D BY LOCAL REG.: 8-23-49
REGISTRAR'S SIGNATURE: Frances B. Neill
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Norman Funeral Home; Chillicothe, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
SEP 6 1948
DISTRICT
HEALTH OFFICE
CAMERON, MO.

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 Ellow F. Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, 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.