

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38366

State File No.

FILED NOV 19 1949

BIRTH NO. _____ REG. DIST. NO. 296 PRIMARY REG. DIST. NO. 6019 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY Ray		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Ray	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Orrick		c. LENGTH OF STAY (In this place) 5	
d. FULL NAME OF HOSPITAL OR INSTITUTION None		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) A. c. (Last) Campbell			4. DATE OF DEATH (Month) (Day) (Year) Nov- 5 -49		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	
8. DATE OF BIRTH May-16-1971		9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Months Days	
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) Missouri 0	
12. CITIZEN OF WHAT COUNTRY? U-S-A					

13a. FATHER'S NAME John F. Campbell		13b. MOTHER'S MAIDEN NAME Martha Elliott		14. NAME OF HUSBAND OR WIFE Mary Susan Handy	
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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) No		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME Jake Campbell	
				ADDRESS Orrick	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Endocarditis				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterial Sclerosis DUE TO (c) Drugs - Condemn -					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				4214	

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) <input checked="" type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Orrick		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Ray Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. Nov 5 1949		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <input checked="" type="checkbox"/>	

22. I hereby certify that I attended the deceased from Nov 5, 1949, to Nov 5, 1949, that I last saw the deceased alive on Nov 5, 1949, and that death occurred at 10 A m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>		(Degree or title) S.O.		23b. ADDRESS Orrick-Mo		23c. DATE SIGNED 11-5-49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 6, 49		24c. NAME OF CEMETERY OR CREMATORY Zimmerman Cemetery		24d. LOCATION (City, town, or county) (State) 9Mi N. W. Knoxville, Mo.	
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DATE REC'D BY LOCAL REG. 11-7-49		REGISTRAR'S SIGNATURE <i>[Signature]</i>		FUNERAL DIRECTOR'S SIGNATURE B. W. Good		ADDRESS Orrick, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED NOV 17 REC'D
District Health Officer No. 8

District File Number _____
Date Filed 11-18-49

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.

Signed Victor E. Lanning

Signed _____
Student Embalmer

Licensed Embalmer No. 2846

P. O. Address Berkeley, 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.