

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

19225

State File No.

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

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. 3000 Registrar's No. 163

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>Kirkville</u>	c. LENGTH OF STAY (in this place) <u>69 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>415 S. Elson St.</u>		d. STREET ADDRESS (If rural, give location) <u>415 S. Elson St.</u>	

3. NAME OF DECEASED (Type or Print) <u>MAUDE CAMPBELL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 15, 1950</u>		
a. (First)		b. (Middle)	c. (Last)		

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>May 18, 1874</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Days <u>0</u>	IF UNDER 1 HR. Hours <u>28</u>	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retail Hardware</u>	11. BIRTHPLACE (State or foreign country) <u>Wilsontown, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John H. Campbell</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ann Barnhart</u>		14. NAME OF HUSBAND OR WIFE <u>None</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>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mrs. James B. Smayer, 415 S. Elson St., Kirkville, 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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive heart disease with acute myocardial failure</u>	DUE TO (b) <u>with</u>			<u>sev yrs</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c) <u>trauma ABC of spine (Kyphosis)</u>			<u>2-3 days</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>443X A</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) 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 February 19, 1950, to June 15, 1950, that I last saw the deceased alive on June 13, 1950, and that death occurred at 9:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>George E. Grim</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Kirkville, Missouri</u>	23c. DATE SIGNED <u>6/21/50</u>
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24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-17-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Llewellyn Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Kirkville, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>6-23-50</u>	REGISTRAR'S SIGNATURE <u>Nate Lambert</u>	25. GENERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Randolph Davis, Kirkville, Mo.</u>	
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RECEIVED JUN 26 19
District Health Officer No
District File Number 6-50-7
Date Filed JUN 26 19

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, only

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Clarence M. Billo

Licensed Embalmer No. 4375

P. O. Address

Kirksville, Md

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.