

FILED JUL 24 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23929**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **383** PRIMARY REG. DIST. NO. **5655** Registrar's No. **353**

1. PLACE OF DEATH a. COUNTY <b>Lawrence</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Pemiscot</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Mt. Vernon, Mo.</b>		c. LENGTH OF STAY (In this place) <b>32 days</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Hayti</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Missouri State Sanatorium</b>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Dallas</b> b. (Middle) <b>Campbell</b> c. (Last) <b>Campbell</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>7 - 15 - 50</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>8-19-02</b>	9. AGE (In years last birthday) <b>47</b>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>9</b>		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME <b>William Luther Campbell</b>	13b. MOTHER'S MAIDEN NAME <b>Debery</b>	14. NAME OF HUSBAND OR WIFE <b>Willie Campbell</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Ruby Ann Wilson, Record Clerk</b>	ADDRESS
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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 <b>2 days</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pneumonia, lobar</b>		
	ANTECEDENT CAUSES DUE TO (b) <b>Endocarditis</b> DUE TO (c) <b>Hypertension, and Nephritis</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>490X</b>	
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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	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 **6-12**, 19 **50**, to **7-15**, 19 **50**, that I last saw the deceased alive on **7-15**, 19 **50**, and that death occurred at **7:25 A.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>[Signature]</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>Mo. State San., Mt. Vernon, Mo.</b>	23c. DATE SIGNED <b>7-15-50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>7-15-50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>East Woodlawn</b>	24d. LOCATION (City, town, or county) (State) <b>Hayti, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>7-17-50</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b> ADDRESS <b>Fossitt Funeral Home Mt. Vernon, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

550

DEPARTMENT OF HEALTH OF MO.  
Springfield

RECEIVED JUL 21 1950

Case File 750-850

Date Filed 7-21-50

JUL 28 1950

**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 James W. Wair

Licensed Embalmer No. 4650

P. O. Address Mt Vernon, 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.