

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29739

State File No.

0200
1

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

BIRTH NO. _____		REG. DIST. NO. <u>5</u>		PRIMARY REG. DIST. NO. <u>5241</u>		Registrar's No. <u>31</u>	
1. PLACE OF DEATH a. COUNTY Cedar				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cedar			
b. CITY (If outside corporate limits, write RURAL and give town) Rural MADISON		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) Rural MADISON		d. STREET ADDRESS (If rural, give location) 6 Miles S. of Stockton	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6 Miles S. of Stockton				d. STREET ADDRESS (If rural, give location) 6 Miles S. of Stockton			
3. NAME OF DECEASED (Type or Print) a. (First) Truman		b. (Middle) Campbell		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Sept. 8, 1950	
5. SEX M	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH Nov. 11, 1877		9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months 9 Days 27
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Worth County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Wilburn Campbell		13b. MOTHER'S MAIDEN NAME Mary Hogg		14. NAME OF HUSBAND OR WIFE			
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS A. L. Campbell, Stockton, Mo.			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of liver</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>2 months</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>156A</u>					
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)		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 <u>Aug. 30, 1950</u> , to <u>9-8, 1950</u> , that I last saw the deceased alive on <u>9-6, 1950</u> , and that death occurred at <u>4:30 A. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u> (Degree or title)				23b. ADDRESS <u>D. O. 2 Stockton, Mo.</u>		23c. DATE SIGNED <u>9-8-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial ()		24b. DATE Sept. 10, 1950		24c. NAME OF CEMETERY OR CREMATORY Hartley Cem.		24d. LOCATION (City, town, or county) (State) Cedar County, Mo.	
DATE REC'D BY LOCAL REG. 9-12-1950		REGISTRAR'S SIGNATURE <u>Geneva Garrison</u>		FUNERAL DIRECTOR'S SIGNATURE <u>John A. Benton</u>		ADDRESS <u>Stockton, Mo</u>	

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED SEP 16 1950

Dist. No. 950-1459

Date Filed 9-23-50

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 John A. Cantlow

Licensed Embalmer No. 4387

P. O. Address Stockton, M

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.