

FILED SEP 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29913

State File No.

BIRTH NO.		REG. DIST. NO. <u>6</u>	PRIMARY REG. DIST. NO. <u>5424</u>	Registrar's No. <u>30</u>
1. PLACE OF DEATH a. COUNTY <u>DUNKLIN.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>DUNKLIN</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-UNION Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-UNION Township</u>		
c. LENGTH OF STAY (in this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>Rte. 2</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home - Rte. 2</u>				
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Sarah</u>	b. (Middle) <u>Frances</u>	c. (Last) <u>Camp.</u>
4. DATE OF DEATH		(Month) <u>Sept.</u>	(Day) <u>18</u>	(Year) <u>1950</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 10, 1870</u>	9. AGE (In years last birthday) <u>80</u>
			IF UNDER 1 YEAR <u>3</u> Months	IF UNDER 24 HRS. <u>8</u> Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				
13a. FATHER'S NAME <u>FRANK Vincent</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Edwards</u>		14. NAME OF HUSBAND OR WIFE <u>-</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lola Mcintosh Campbell, Mo.</u>
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) <u>Hypostatic Pneumonia</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Broken hip & bed sores 1 year</u> DUE TO (c) <u>-</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</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) (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 <u>Sept. 16/50</u> to <u>Sept. 18, 1950</u> , that I last saw the deceased alive on <u>Sept. 16, 1950</u> , and that death occurred at <u>11:00 p.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>H. J. Tutledge M.D.</u>		23b. ADDRESS <u>Campbell, Mo.</u>		23c. DATE SIGNED <u>9/21/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 20, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bethany Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Campbell, Mo. R. 2</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Handass</u> ADDRESS <u>Funeral Home, Campbell, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>9/22/1950</u>		REGISTRAR'S SIGNATURE <u>Mrs. Beulah Campbell</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

350

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RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 9-26-50
COUNTY FILE NUMBER 9506272

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 *Christina M. Landess*

Licensed Embalmer No. *4227*

P. O. Address *Campbell, 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.