

STANDARD CERTIFICATE OF DEATH

State File No. ....

379

BIRTH NO. 85527-50 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. ....

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis - Missouri</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Vandalia</u>	
c. LENGTH OF STAY (In this place) <u>15 days</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Louis Children's Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>RANNIE</u> b. (Middle) <u>Wayne</u> c. (Last) <u>Campbell</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan - 14 - 1951</u>		
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>1</u>	
8. DATE OF BIRTH <u>12-29-50</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days <u>16 days</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
11. BIRTHPLACE (State or foreign country) <u>Mexico - MO</u>		12. CITIZEN OF WHAT COUNTRY?			

13a. FATHER'S NAME <u>Henry Campbell</u>		13b. MOTHER'S MAIDEN NAME <u>Jewell Doyle</u>		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)		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Henry Campbell - Vandalia, 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, asthma, etc. It means the disease, injury, or complication which caused death.					

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>peritonitis</u>			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) <u>gastric perforation</u> DUE TO (c) <u>tracheal esophageal fistula</u>			
1. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" 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)	
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? <u>75612</u>	

22. I hereby certify that I attended the deceased from 12-31, 1950, to 1-14, 1951, that I last saw the deceased alive on 1-14, 1951, and that death occurred at 10 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Wm Sklindberg MD</u>		23b. ADDRESS		23c. DATE SIGNED <u>1-10-51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>4</u>		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <u>Vandalia, MO</u>	
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DATE REC'D BY LOCAL REG. <u>1-14-51</u>		REGISTRAR'S SIGNATURE <u>J B Suter</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm Waters Vandalia</u>		ADDRESS	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....  
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.

*John W. ...*