

FILED MAR 8 1951

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4320

0331
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BIRTH NO. _____		REG. DIST. NO. <u>160</u>		PRIMARY REG. DIST. NO. <u>3018</u>		Registrar's No. <u>14</u>			
1. PLACE OF DEATH a. COUNTY <u>Dent</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dent</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Salem</u>		c. LENGTH OF STAY (in this place) <u>4 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Salem</u>		0331			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hart Clinic</u>				d. STREET ADDRESS (If rural, give location) <u>103 N. Warfel</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Francis</u> b. (Middle) <u>Marion</u> c. (Last) <u>Campbell</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 21, 1951</u>						
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Dec. 14, 1892</u>			
9. AGE (In years last birthday) <u>58</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>7</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>- -</u>			11. BIRTHPLACE (State or foreign country) <u>Dent County, Missouri</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>Green Campbell</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Belle Cole</u>		14. NAME OF HUSBAND OR WIFE <u>Margaret Campbell</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>W.W.I</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Margaret Campbell, Salem, Missouri</u>			ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Pulmonary edema</u>		DUE TO (b) <u>Left ventricular failure</u>					<u>4 hours</u>		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					<u>4 hours</u>		
		DUE TO (c) <u>Status asthmaticus</u>					<u>6 hours</u>		
		II. OTHER SIGNIFICANT CONDITIONS: <u>Angina pectoris</u> <u>241x</u>							
19a. DATE OF OPERATION <u>--</u>		19b. MAJOR FINDINGS OF OPERATION <u>--</u>					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>Oct. 28</u> , 1950, to <u>2-21-</u> , 1951, that I last saw the deceased alive on <u>2-21-</u> , 1951, and that death occurred at <u>7:05p m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Francis L. Total, M.D.</u> (Degree or title)				23b. ADDRESS <u>Salem, Mo.</u>		23c. DATE SIGNED <u>2-24-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-24-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Steelville Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Steelville, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>2-24-51</u>		REGISTRAR'S SIGNATURE <u>M. M. Hart, Jr. W by Dr. E. Thomas S. Hackett</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Steelville, Mo.</u>					

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

DISTRICT HEALTH OFFICE No. 4
File No. _____

APR 10 1951

MAR 3 1951

MAR 7 1951

RECEIVED

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 Thomas S. Halder

Licensed Embalmer No. 4332

P. O. Address Stetville, 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.