S. No. 300
Rev. 10.48

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

FILED SEP 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26475

BIRTH NO. _____ REG. DIST. NO. 84 PRIMARY REG. DIST. NO. 5318 Registrar's No. 22

1. PLACE OF DEATH
a. COUNTY: Cooper 0270
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Lebanon
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 8 Miles.N.W.Tipton

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cooper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural,Lebanon 0270
d. STREET ADDRESS (If rural, give location): 8 Miles N.W.Tipton 0

3. NAME OF DECEASED (Type or Print)
a. (First): Arthur
b. (Middle): Harris
c. (Last): Campbell

4. DATE OF DEATH (Month) (Day) (Year): August,25,1951

5. SEX: Male 2

6. COLOR OR RACE: Negro

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single 0

8. DATE OF BIRTH: Sept.12,1886

9. AGE (In years last birthday): 64
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Cooper County , Missouri 0

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: James Campbell

13b. MOTHER'S MAIDEN NAME: Judy Ann Byas

14. NAME OF HUSBAND OR WIFE: ---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): World#1

16. SOCIAL SECURITY NO.: 487-20-0712

17. INFORMANT'S SIGNATURE OR NAME: Artie L , Morney(Sister)
ADDRESS: Bunceton,

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) Arterio-sclerotic Heart Disease — 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)

DUE TO (c)

II. 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

4200

20. AUTOPSY? YES ☐ NO ☑

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* No acute disease *, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R L Dickerson M.D.

23b. ADDRESS: Calvin Bonnville Mo

23c. DATE SIGNED: 8/31/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 8/3/ /1951

24c. NAME OF CEMETERY OR CREMATORY: Lebanon Cemetery

24d. LOCATION (City, town, or county) (State): Cooper County,Missouri

DATE REC'D BY LOCAL REG.: 8-31-1951

REGISTRAR'S SIGNATURE: Nellie Mullen

25. FUNERAL DIRECTOR'S SIGNATURE: James E. Richards

ADDRESS: Tipton,Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 9-6-51
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 9-6-51

SEP 13

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

His body was not Embalmed

Signed Jennie E. Richards
Licensed Embalmer No. 246
P. O. Address Lipton, 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.