

FILED OCT 4 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 29465

BIRTH NO. _____		REG. DIST. NO. <u>37</u>		PRIMARY REG. DIST. NO. <u>4049</u>		Registrar's No. <u>45</u>	
1. PLACE OF DEATH a. COUNTY <u>Boone</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Centralia</u>		c. LENGTH OF STAY (In this place) <u>life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Centralia</u>		0109	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>711 East Boothe Street</u>				d. STREET ADDRESS (If rural, give location) <u>711 East Boothe Street</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>JAMES</u>		b. (Middle) <u>SAMUEL</u>		c. (Last) <u>CAMPBELL</u>	
4. DATE OF DEATH		(Month) <u>Sept.</u>		(Day) <u>26,</u>		(Year) <u>1951</u>	
5. SEX <u>Male</u> <u>0</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> <u>/</u>		8. DATE OF BIRTH <u>9-12-1867</u>	
9. AGE (In years last birthday) <u>84</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Contractor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Building Contractor</u>		11. BIRTHPLACE (State or foreign country) <u>Johnson County, Missouri</u> <u>0</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Samuel Campbell</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Bedicheck</u>		14. NAME OF HUSBAND OR WIFE <u>Nettie Parks Campbell</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes-no, or unknown) <u>None</u>		16. SOCIAL SECURITY NO. <u>492-12-6905</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Elwood Bias Auxvasse, Missouri</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Debilitated of old age</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs.</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					
		DUE TO (b) <u>Severe generalized arteriosclerosis</u>				<u>5 yrs</u>	
		DUE TO (c) <u>4500</u>					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death. <u>Generalized paralysis due to cerebral hemorrhage</u>				<u>5 yrs.</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>Mar</u> , 19 <u>50</u> , to <u>Sept</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Sept 24</u> , 19 <u>51</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>O. J. Edmondson M.D.</u>		23b. ADDRESS <u>Centralia, Missouri</u>		23c. DATE SIGNED <u>Sept. 27-1951</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> <u>0</u>		24b. DATE <u>9-28-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Centralia Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Centralia, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Sept 28-1951</u>		REGISTRAR'S SIGNATURE <u>Maud McBridge</u>		30. FUNERAL DIRECTOR'S SIGNATURE <u>Bill McEador</u>		ADDRESS <u>Centralia, Mo</u>	

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

7961 97 100

RECEIVED 10-3-51

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 10-3-51

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 \_\_\_\_\_

Bill J. Meador

working under my personal supervision.

Student Embalmer No. 406

Signed Bill J. Meador  
Student Embalmer

Signed Lois M. Meador

Licensed Embalmer No. 4855

P. O. Address Centralia, 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.