

S. No. 300  
V. 10-48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30934**

FILED SEP 18 1951

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

|   |  |   |  |  |  |  |  |
|---|--|---|--|--|--|--|--|
| BIRTH NO. _____   |  | REG. DIST. NO. <u>247</u>   |  | PRIMARY REG. DIST. NO. <u>544a</u>   |  | Registrar's No. <u>33</u>                                      |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Newton</u>  |  |   |  | 2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)<br>a. STATE <u>Mo.</u> b. COUNTY <u>Newton</u> |  |  |  |
| b. CITY OR TOWN <u>Rural Van Buren</u>  |  | c. LENGTH OF STAY (in this place) <u>70 year</u>  |  | c. CITY OR TOWN <u>Rural Van Buren</u>   |  | 0730   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8 miles S. West of Wentworth</u>   |  |   |  | d. STREET ADDRESS (If rural, give location) <u>8 miles S. West of Wentworth</u>  |  |  |  |
| 3. NAME OF DECEASED<br>a. (First) <u>JOHN</u> b. (Middle) <u>JOSEPH</u> c. (Last) <u>CAMPBELL</u>   |  |   | 4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 26 1951</u> |  |  |  |  |
| 5. SEX <u>Male</u>  |  | 6. COLOR OR RACE <u>White</u>   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>  |  | 8. DATE OF BIRTH <u>July 31, 1879</u>                          |  |
| 9. AGE (In years last birthday) <u>72</u>   |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>                            |  | 11. BIRTHPLACE (State or foreign country) <u>Not known</u>   |  | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>                     |  |
| 10a. USUAL OCCUPATION   |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>  |  | 11. BIRTHPLACE   |  | 12. CITIZEN OF WHAT COUNTRY?                                   |  |
| 13a. FATHER'S NAME <u>Terrance Campbell</u>   |  |   | 13b. MOTHER'S MAIDEN NAME <u>Not known</u>               |  | 14. NAME OF HUSBAND OR WIFE <u>Never Married</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>Bernard J. Campbell</u> ADDRESS <u>Perez City</u>   |  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)   |  |   |  | MEDICAL CERTIFICATION  |  |  |  |
| 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Prostate</u>  |  |   |  | INTERVAL BETWEEN ONSET AND DEATH <u>9 years</u>  |  |  |  |
| *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.  |  |   |  | ANTECEDENT CAUSES  |  |  |  |
| Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  |  |   |  | DUE TO (b) <u>Enlarged prostate</u>  |  |  |  |
|   |  |   |  | DUE TO (c) <u>urethral reaction, twice</u>   |  |  |  |
| II. OTHER SIGNIFICANT CONDITIONS  |  |   |  | Conditions contributing to the death but not related to the disease or condition causing death. <u>177X</u>                          |  |  |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION <u>First op. resection some 8 years ago - Tumor + Carcinoma. A second op. in Joplin a year ago</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) (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>Dec 13</u> , 19 <u>45</u> , to <u>Aug 26</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Aug 3</u> , 19 <u>41</u> , and that death occurred at <u>9 P</u> m., from the causes and on the date stated above. |  |   |  |  |  |  |  |
| 23a. SIGNATURE <u>R. L. Lemmon M.D.</u> (Degree or title)   |  |   |  | 23b. ADDRESS <u>Neosho Mo.</u>   |  | 23c. DATE SIGNED <u>8/30/51</u>                                |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)   |  | 24b. DATE <u>Aug 29-1951</u>  |  | 24c. NAME OF CEMETERY OR CREMATORY <u>St. Ignace Cemetery</u>  |  | 24d. LOCATION (City, town, or county) (State) <u>Neosho Mo</u> |  |
| DATE REC'D BY LOCAL REG. <u>Sept 3, 1951</u>  |  | REGISTRAR'S SIGNATURE <u>M. L. Young</u>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Brock</u>   |  | ADDRESS <u>Perez City Mo</u>                                   |  |

(Licensed Embalmer's Statement on Reverse Side)

**RECEIVED**

District Health Officer No. NEWTON COUNTY HEALTH UNIT

District File Number 951-204

Date Filed SEP 11 1951

NEOSHO, MISSOURI

**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, on by \_\_\_\_\_

Edwin P. Wilke

working under my personal supervision.

Student Embalmer No. ....

Edwin P. Wilke

Signed

Signed.....  
Student Embalmer

Licensed Embalmer No. 4131

P. O. Address Price City 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.