

FILED JAN 8 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42205

State File No.

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3010 Registrar's No. 171

1. PLACE OF DEATH a. COUNTY <u>Livingston</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chillicothe</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chillicothe</u>	
c. LENGTH OF STAY (in this place) <u>4</u> days		d. STREET ADDRESS (If rural, give location) <u>907 Walnut</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Chillicothe Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas</u> b. (Middle) <u>Key</u> c. (Last) <u>Campbell</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 19, 1951</u>
5. SEX <u>Male</u> <input checked="" type="radio"/>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug. 9, 1885</u>
9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>11</u>	IF UNDER 18 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Dentist Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Dentistry</u>	11. BIRTHPLACE (State or foreign country) <u>Livingston Co., Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>James R. Campbell</u>	13b. MOTHER'S MAIDEN NAME <u>Harriett Hale</u>	14. NAME OF HUSBAND OR WIFE <u>Lera B. Campbell</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>XX</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Martha Chantron, Mission, Kans.</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, asthenia, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>			INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
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 <u>331X</u>		20. AUTOPSY? YES <input 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) m.	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>Nov. 16</u> , 19 <u>51</u> , to <u>Nov. 19</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Nov. 19</u> , 19 <u>51</u> , and that death occurred at <u>5:30 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Joseph A. Conrad M.D.</u>		23b. ADDRESS <u>Chillicothe Mo.</u>	23c. DATE SIGNED <u>Nov-20-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov. 21, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Edgewood</u>	24d. LOCATION (City, town, or county) (State) <u>Chillicothe Mo.</u>
DATE REC'D BY LOCAL REG. <u>Nov-20-51</u>	REGISTRAR'S SIGNATURE <u>Frances B. Neill</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ronald F. Louder Chillicothe Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

Conrad

2593
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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 Ronald F. Gordon.....

Signed.....
Student Embalmer

Licensed Embalmer No..... 4191

P. O. Address Chillicothe 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.