

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **14349**

XC-1 427 586  
RN-513  
**FILED JAN 15 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **3007** Registrar's No. **584**

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

1. PLACE OF DEATH a. COUNTY <b>BUTLER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>ARKANSAS</b> b. COUNTY <b>CLAY</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>POPLAR BLUFF</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>PIGGOTT</b>	
c. LENGTH OF STAY (In this place) <b>5mos 14das</b>		<b>8030</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>VA HOSPITAL</b>		d. STREET ADDRESS (If rural, give location) <b>961 TEMPLETON ROAD</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>SID</b>	b. (Middle) <b>A.</b>	c. (Last) <b>CAMPBELL</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>NOV. 6, 1951</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>2-13-91</b>	9. AGE (In years last birthday) <b>61</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 2 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MEAT CUTTER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>BUTCHER</b>	11. BIRTHPLACE (State or foreign country) <b>ARKANSAS</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>JOHN T. CAMPBELL</b>	13b. MOTHER'S MAIDEN NAME <b>FANNIE NETTLES</b>	14. NAME OF HUSBAND OR WIFE <b>MAE H. CAMPBELL</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES 7-11-18 3-13-19</b>	16. SOCIAL SECURITY NO. <b>561037071</b>	17. INFORMANT'S SIGNATURE OR NAME <b>VA HOSPITAL RECORDS</b>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Uremia</b>		<b>RR</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic Glomerular Nephritis</b> DUE TO (c) <b>592X</b>		<b>RR</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Hypertension due to No. 2 above</b>		<b>RR</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **May 21, 1951**, to **Nov. 6, 1951**, ~~that I was present at the death~~ and that death occurred at **9:35P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>RALPH H. ELLIS, D. Chief of Service</b>	23b. ADDRESS <b>VAH, Poplar Bluff, Missouri</b>	23c. DATE SIGNED <b>11-7-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Buried</b>	24b. DATE <b>11-8-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Piggott</b>	24d. LOCATION (City, town, or county) (State) <b>Piggott Ark.</b>
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DATE REC'D BY LOCAL REG. <b>Jan 5, 1953</b>	REGISTRAR'S SIGNATURE <b>Wm. H. Johnson</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Raymond Russell Piggott Ark.</b>	ADDRESS
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RECEIVED

JAN 13 1953

BUTLER CO. HEALTH CENTER

FILE No. 153-8

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 me

Student Embalmer No. ....

working under my personal supervision.

Student .....

Student Embalmer

Signed Lloyd Russell

Licensed Embalmer No. 209

P. O. Address Piggott Art.

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.