

No. 300  
10-48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7496**

FILED MAR 20 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 103

#124  
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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>MO</b> b. COUNTY <b>NEW MADRID</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>POPLAR BLUFF</b>	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>GIDEON</b>	d. STREET ADDRESS (If rural, give location) <b>0720</b> <b>1</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>POPLAR BLUFF HOSP</b>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <b>LINDA</b>	b. (Middle) <b>JO</b>	c. (Last) <b>CAMPBELL</b>	(Month) <b>FEB</b>	(Day) <b>28</b>	(Year) <b>1952</b>

5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Infant</b>	8. DATE OF BIRTH <b>10-13-1943</b>	9. AGE (In years last birthday) <b>8</b>	IF UNDER 1 YEAR Months <b>4</b> Days <b>15</b>	IF UNDER 10 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <b>Child</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>SWIFTON ARK</b>	12. CITIZEN OF WHAT COUNTRY? <b>1</b>
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13a. FATHER'S NAME <b>JOE CAMPBELL</b>	13b. MOTHER'S MAIDEN NAME <b>CLARA B VAUGHN</b>	14. NAME OF HUSBAND OR WIFE <b>1</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>1</b>	16. SOCIAL SECURITY NO. <b>1</b>	17. INFORMANT'S SIGNATURE OR NAME <b>W.P. CAMPBELL</b>	ADDRESS <b>Gideon Mo.</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Longestue Heart failure</b>		<b>?</b>
	ANTECEDENT CAUSES MORIBUND CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Mitral Stenosis</b> DUE TO (c) <b>Rheumatic Heart Disease</b>		<b>?</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Congenital Heart Disease</b>		<b>Birth</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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 2/22, 1952, to 2/28, 1952, that I last saw the deceased alive on 2/28, 1952, and that death occurred at 7:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE <b>W. P. Campbell M.D.</b> (Degree or title)	23b. ADDRESS <b>Poplar Bluff Mo.</b>	23c. DATE SIGNED <b>2/28/52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>3-1-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Shangfield</b>	24d. LOCATION (City, town, or county) (State) <b>near Clarkton Mo.</b>
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DATE REC'D BY LOCAL REG. <b>Nov 14 1952</b>	REGISTRAR'S SIGNATURE <b>Wm. H. Johnson</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Floyd Kussel</b>	ADDRESS <b>Piggott, ARK</b>
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RECEIVED  
MAR 18 1952

BUTLER CO. HEALTH CENTER

FILE No.

352-144

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

Signed.....

*Clifford L. Brown*  
.....  
Licensed Embalmer No. *636*

P. O. Address *Biggest Ark.*

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.