S. No. 300
v. 10-48

FILED MAY 16 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17222

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 139

0644
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Elizabeth Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Marion
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal, Mo. 0644
d. STREET ADDRESS (If rural, give location): 1271 Collier 0

3. NAME OF DECEASED (Type or Print)
a. (First): Vada
b. (Middle):
c. (Last): Campbell

4. DATE OF DEATH (Month) (Day) (Year): 4 - 21 - 52

5. SEX: Male 2
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): 7
8. DATE OF BIRTH: 4-12 1879
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: _____
11. BIRTHPLACE (State or foreign country): La Belle, Mo 0
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: Vada Campbell
13b. MOTHER'S MAIDEN NAME: —
14. NAME OF ~~HUSBAND OR~~ WIFE: Lillian Campbell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 490-07-3917
17. INFORMANT'S SIGNATURE OR NAME: Mrs Nannie Jackson, Haw
ADDRESS: Mo.

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): Cirrhosis of liver — INTERVAL BETWEEN ONSET AND DEATH: ?

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: Med Cong. Heart failure — 1 yr

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 5810
20. AUTOPSY? YES ☐ NO ☐

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): Hannibal Marion Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/5/52, 19___, *to* 4/21/52, 19___, *that I last saw the deceased alive on* 4/20/52 19___, *and that death occurred at* 9:30 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. H. Wartischeind M.D.
23b. ADDRESS: 508 Broadway Hannibal
23c. DATE SIGNED: 4/30/52

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24a. BURIAL, CREMATION, REMOVAL (Specify)
24b. DATE: 4-23-52
24c. NAME OF CEMETERY OR CREMATORY: Robinson
24d. LOCATION (City, town, or county) (State): Hannibal Mo

DATE REC'D BY LOCAL REG.: 5/9/52
REGISTRAR'S SIGNATURE: W E M Luckie & Deputy — W C Fisher
25. FUNERAL DIRECTOR'S SIGNATURE: Geo. E Roberts
ADDRESS: Hannibal, Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED MAY 14 1952
MARION CO. HEALTH DEPT.
DATE FILED MAY 14 1952

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 Geo E Roberts

Licensed Embalmer No. 2113

P. O. Address Hannibal 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.