

STANDARD CERTIFICATE OF DEATH

17353

State File No. ....

FILED MAY 19 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 247 PRIMARY REG. DIST. NO. 5840 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Newton</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural Vanburen</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural - Vanburen Twp</u>	
c. LENGTH OF STAY (In this place) <u>Lifetime</u>		d. STREET ADDRESS (If rural, give location) <u>3 mile north Ritchey</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 mile north Ritchey</u>			

3. NAME OF DECEASED (Type or Print) <u>MICHEL BERNARD CAMPBELL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 25 - 1952</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>May 9 - 1891</u>	9. AGE (In years last birthday) <u>60</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>16</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Newton County</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.C.</u>					

13. FATHER'S NAME <u>Terry Campbell</u>		13b. MOTHER'S MAIDEN NAME <u>Not known</u>		14. NAME OF HUSBAND OR WIFE <u>Katherine Campbell</u>	
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Katherine Campbell Peace At Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio Sclerotic Heart Disease</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) _____			2 years	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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>4200</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 June 19, 1951, to Apr 22, 1952, that I last saw the deceased alive on Apr 22, 1952, and that death occurred at 8:30 AM., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>0</u>		23b. ADDRESS <u>Caplin Mo</u>		23c. DATE SIGNED <u>May 1, 1952</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 29-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St Agnes cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Newton County Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Willie Eva</u>		ADDRESS <u>Peace At Mo</u>	
DATE REC'D BY LOCAL REG. <u>May 4, 1952</u>		REGISTRAR'S SIGNATURE <u>M. L. Young</u>		225	

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

730

RECEIVED

NEWTON COUNTY HEALTH UNIT

District Health Officer No.

District File Number 552-81

Date Filed MAY 16 1952

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, or by

Edwin P. Wilks

working under my personal supervision.

Student Embalmer No. ....

Signed Edwin P. Wilks

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.