

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **23757**

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

0124

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>3007</u>		Registrar's No. <u>362</u>	
1. PLACE OF DEATH a. COUNTY <u>BUTLER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission): a. STATE <u>MO.</u> b. COUNTY: <u>BUTLER</u>			
b. CITY OR TOWN <u>POPLAR BLUFF</u>		c. LENGTH OF STAY (in this place) <u>3 DAYS</u>		c. CITY OR TOWN <u>QUIN</u>		0120	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>POPLAR BLUFF HOSP.</u>				d. STREET ADDRESS (If rural, give location) <u>1</u>			
3. NAME OF DECEASED (Type or Print) <u>THADIAUS E CAMPBELL</u>			a. (First) <u>THADIAUS</u>			b. (Middle) <u>E</u>	
c. (Last) <u>CAMPBELL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6 21 52</u>				
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>June 22, 1879</u>	
9. AGE (In years last birthday) <u>72</u>		IF UNDER 1 YEAR Months <u>11</u> Days <u>30</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CARPENTER</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Alabama</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>George Campbell</u>			13b. MOTHER'S MAIDEN NAME <u>AROSTA HOPKINS</u>			14. NAME OF HUSBAND OR WIFE <u>MARGARET CAMPBELL</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Margaret Campbell Quin mo.</u> ADDRESS _____			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary heart disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Patent atherosclerosis</u> DUE TO (c) _____					INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION				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)		4201	
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?			
22. I hereby certify that I attended the deceased from <u>June 19, 1952</u> , to <u>June 21, 1952</u> that I last saw the deceased alive on <u>June 21, 1952</u> , and that death occurred at <u>5:25 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Lloyd Russell</u> (Degree or title)				23b. ADDRESS <u>215 Oak St., Poplar Bluff, Mo.</u>		23c. DATE SIGNED <u>7/23/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>June 24, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Elder Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Campbell MO.</u>	
DATE REC'D BY LOCAL REG. <u>7-28-52</u>		REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u> 42871		25. FUNERAL DIRECTOR'S SIGNATURE <u>Lloyd Russell</u> ADDRESS <u>Piggott Ark</u>			

RECEIVED
AUG 6 1952
BUTLER CO. HEALTH CENTER
FILE No. 852-296

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

working under my personal supervision.

Student Embalmer No.

Signed

Leroy J. Tyler

Signed.....
Student Embalmer

Licensed Embalmer No. 1001 Ark.

P. O. Address Rizzard 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.