

STANDARD CERTIFICATE OF DEATH

32175

State File No. ....

FILED SEP 30 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 5660 Registrar's No. 92

0560  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>LEWIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>LEWIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL DICKERSON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL DICKERSON 0560</u>	
c. LENGTH OF STAY (in this place) <u>LIFE</u>		d. STREET ADDRESS (If rural, give location) <u>4 Mi. east LEWISTOWN</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 Miles east lewistown</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>DORA</u> b. (Middle) <u>JANE</u> c. (Last) <u>CAMPEN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT. 19, 1952</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>SINGLE</u>	
8. DATE OF BIRTH <u>AUG. 10, 1931</u>		9. AGE (In years last birthday) <u>21</u>		10. IF UNDER 1 YEAR Days <u>1</u> IF UNDER 12 HRS. Min. <u>9</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NURSE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NURSING</u>		11. BIRTHPLACE (State or foreign country) <u>LEWIS CO., MO.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>CARL CAMPEN</u>		13b. MOTHER'S MAIDEN NAME <u>LEONA KAISER</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>XXXXXXXX</u>		17. INFORMANT'S SIGNATURE OR NAME <u>LEONA CAMPEN</u> ADDRESS <u>LEWISTOWN, 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>Guns shot wound in chest</u>		DUPLICATE		<u>Instant</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		DUE TO (b) <u>Guns shot wound</u>	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Cause undetermined</u>			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.		<u>E 9190</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <u>YES</u> <input type="checkbox"/> <u>NO</u> <input checked="" type="checkbox"/> <u>42</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>unknown</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>near home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Lewistown, Lewis Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Sept. 19, 1952 3 P.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>410 shot gun</u>	

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Paul H. Barkley, Coroner</u>		23b. ADDRESS <u>Corcoran Mo.</u>		23c. DATE SIGNED <u>9/19/52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>SEPT. 22, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>LEWISTOWN</u>	
				24d. LOCATION (City, town, or county) (State) <u>LEWISTOWN, MO.</u>	

DATE REC'D BY LOCAL REG. <u>9-24-1952</u>		REGISTRAR'S SIGNATURE <u>P. H. Jennings</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles Conroy</u> ADDRESS <u>LEWISTOWN, MO.</u>	
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**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 Charles L. Arnold, Jr.

Licensed Embalmer No. 4667

P. O. Address LEWISTOWN, MISSOURI

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.