

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34076**

FILED NOV 10 1952

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 368

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

1. PLACE OF DEATH a. COUNTY <u>Adair</u>			2. USUAL RESIDENCE. (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Knox</u>		
b. CITY OR TOWN <u>Kirkville</u>		c. LENGTH OF STAY (in this place) <u>8 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Advista</u> <u>2520</u>		d. STREET ADDRESS (If rural, give location) <u>/</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Grimonth Mem Hosp.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>WALTER</u> b. (Middle) <u>LANDO</u> c. (Last) <u>CAMPBELL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 4 1952</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>JUNE 7 1862</u>		9. AGE (In years last birthday) <u>90</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>farmer</u>	11. BIRTHPLACE (State or foreign country) <u>NEWARK MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>JAMES CAMPBELL</u>		13b. MOTHER'S MAIDEN NAME <u>REBECCA ANDERSON</u>		14. NAME OF HUSBAND OR WIFE <u>Alice V. Lear</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>✓</u>		16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>M. L. Campbell, Edina, Mo.</u>		
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, ashenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>			INTERVAL BETWEEN ONSET AND DEATH... <u>30 min</u>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Traumatic pneumonitis</u>			<u>2 wks.</u>		
DUE TO (c) <u>Broken ribs from fall</u>			<u>2 wks.</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E 4030</u> <u>20</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Edina Knox MO</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Slipped and fell.</u>		
22. I hereby certify that I attended the deceased from <u>10-27</u> , 19 <u>52</u> , to <u>11-4</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>11-3</u> , 19 <u>52</u> , and that death occurred at <u>7:30 A.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>George E. Grim MD</u>			23b. ADDRESS <u>Yorkville, Missouri</u>		23c. DATE SIGNED <u>11-4-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Nov 6, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Newark cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Newark MO</u>
DATE REC'D BY LOCAL REG. <u>11-4-52</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert 1-0</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>A. J. Grim Edina, Mo</u>	

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 *Mrs J. W. Hudson*

Licensed Embalmer No. *2972*

P. O. Address *Edina 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.