

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44196**

FILED DEC 30 1952

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

| | | | | | | | |
|--|---|--|---|--|--|---|---|
| BIRTH NO. _____ | | REG. DIST. NO. <u>322</u> | | PRIMARY REG. DIST. NO. <u>3071</u> | | Registrar's No. <u>54</u> | |
| 1. PLACE OF DEATH a. COUNTY Saline | | | | 2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE Mo. b. COUNTY Saline | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Slater | | c. LENGTH OF STAY (in this place) | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Slater | | 1971 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION none | | | | d. STREET ADDRESS (If rural, give location) Main St. | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Joseph b. (Middle) Mandville c. (Last) Campbell | | | 4. DATE OF DEATH (Month) (Day) (Year) Dec. 27 & '52 | | | | |
| 5. SEX male | | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | | 8. DATE OF BIRTH Apr. 9th 1870 | | 9. AGE (In years last birthday) 82 |
| | | | | | IF UNDER 1 YEAR Months 8 Days 18 | IF UNDER 24 HRS. Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer | | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) Saline County, Mo. | | 12. CITIZEN OF WHAT COUNTRY? US |
| 13a. FATHER'S NAME John Campbell | | | 13b. MOTHER'S MAIDEN NAME Sarah E. Godsey | | 14. NAME OF HUSBAND OR WIFE Mary L. Campbell | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | | 16. SOCIAL SECURITY NO. no | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Mary L. Campbell Slater-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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarction.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>Hypertensive Cardio-vascular disease</u> DUE TO (c) <u>Myocardial insufficiency</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 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) | | 4201 | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) | | 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>Dec 22</u> , 19 <u>52</u> , to <u>Dec 27</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Dec 27</u> , 19 <u>52</u> , and that death occurred at <u>9:52 a.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>J. W. Wom</u> | | | | 23b. ADDRESS <u>306 N. Main St. Slater</u> | | 23c. DATE SIGNED <u>12-27-52</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 12/20/52 | 24c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Gardens | | 24d. LOCATION (City, town, or county) (State) Marshall, Mo. | | |
| DATE REC'D BY LOCAL REG. <u>12/29/52</u> | | REGISTRAR'S SIGNATURE <u>Mrs. Earl C. Metz</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Hill Brothers</u> | | ADDRESS <u>Slater 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 _____

A. C. Hill

Licensed Embalmer No. 3090

P. O. Address State 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.