

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39610**

BIRTH NO. **FILED NOV 17 1953** REG. DIST. NO. **383** PRIMARY REG. DIST. NO. **5655** Registrar's No. **26**

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Wright	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mt. Vernon		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mountain Grove, Missouri 1141	
c. LENGTH OF STAY (in this place) 3 days		d. STREET ADDRESS (If rural, give location) /	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. State Sanatorium			

3. NAME OF DECEASED (Type or Print)	a. (First) Ella	b. (Middle) Nora	c. (Last) Campbell	4. DATE OF DEATH (Month) (Day) (Year) Nov. 8, 1953
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH (In years last birthday) (Month) (Day) (Hour) (Min.) Sept. 21, 1884 69
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Frank W. Newkirk	13b. MOTHER'S MAIDEN NAME Millie Alesher	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME San. records, Mo. State San., Mt. Vernon, Mo.	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage recent Cardiac decompensation		INTERVAL BETWEEN ONSET AND DEATH over 2 mo.
	ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) Hypertensive heart disease		over 2 months
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS - <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> Residual hemiplegia from cerebral hemorrhage		6 months

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION: 443 X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **11 - 5**, 19**53**, to **11 - 8**, 19**53**, that I last saw the deceased alive on **11 - 8**, 19**53**, and that death occurred at **11:00a** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C. C. Brasler, M.D.	23b. ADDRESS Mt. Vernon, Mo.	23c. DATE SIGNED 11-9-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 11-8-53	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Mtn. Grove, Mo.
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DATE REC'D BY LOCAL REG. 11-9-53	REGISTRAR'S SIGNATURE Cecil Henderson	25. FUNERAL DIRECTOR'S SIGNATURE Barber Funeral Home, Mt. Vernon, Mo.	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

R. W. Barker

Licensed Embalmer No.

3848

P. O. Address

Mtn Grove

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.