

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15034**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 5129 Registrar's No. 542

1. PLACE OF DEATH a. COUNTY <p align="center"><b>Buchanan</b></p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p align="center"><b>Missouri</b></p> b. COUNTY <p align="center"><b>Buchanan</b></p>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p align="center"><b>Rural-Platte Twsp.</b></p>		c. LENGTH OF STAY (In this place) <p align="center"><b>15 years</b></p>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <p align="center"><b>Gower</b></p>		d. STREET ADDRESS (If rural, give location) <p align="center"><b>Rural-Gower</b></p>	

3. NAME OF DECEASED (Type or Print) a. (First) <p align="center"><b>John</b></p>	b. (Middle) <p align="center"><b>Hugh</b></p>	c. (Last) <p align="center"><b>Campbell</b></p>	4. DATE OF DEATH (Month) (Day) (Year) <p align="center"><b>May 25, 1954</b></p>
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5. SEX <p align="center"><b>Male</b></p>	6. COLOR OR RACE <p align="center"><b>White</b></p>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p align="center"><b>Married</b></p>	8. DATE OF BIRTH <p align="center"><b>Nov. 25, 1875</b></p>	9. AGE (In years last birthday) <p align="center"><b>78</b></p>	IF UNDER 1 YEAR Months <p align="center"><b>6</b></p>	IF UNDER 24 HRS. Days <p align="center"><b>6</b></p>	IF UNDER 1 MIN. Hours <p align="center"><b>0</b></p>	IF UNDER 1 MIN. Min. <p align="center"><b>0</b></p>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p align="center"><b>Retired</b></p>	10b. KIND OF BUSINESS OR INDUSTRY <p align="center"><b>Grain Buyer</b></p>	11. BIRTHPLACE (State or foreign country) <p align="center"><b>Kansas</b></p>	12. CITIZEN OF WHAT COUNTRY? <p align="center"><b>USA</b></p>
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13a. FATHER'S NAME <p align="center"><b>Robert Melton Campbell</b></p>	13b. MOTHER'S MAIDEN NAME <p align="center"><b>Cora Belle Moberly</b></p>	14. NAME OF HUSBAND OR WIFE <p align="center"><b>Irene Wiley Campbell</b></p>
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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) <p align="center"><b>No</b></p>	16. SOCIAL SECURITY NO. <p align="center"><b>No</b></p>	17. INFORMANT'S SIGNATURE OR NAME <p align="center"><b>Mrs. Irene Campbell, Gower, Missouri</b></p>	ADDRESS <p align="center"><b>Mrs. Irene Campbell, Gower, Missouri</b></p>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <p align="center"><b>24 hours</b></p>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Embolism</u>		14 months
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Hemorrhage</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension &amp; Arteriosclerotic Heart Disease</u>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <p align="center"><b>331 X</b></p>		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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 Mar. 15, 1954, to May 25, 1954, that I last saw the deceased alive on May 25, 1954, and that death occurred at 2:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <p align="center"><i>D. C. Credling</i></p>	23b. ADDRESS <p align="center"><b>D.O. 823 Faraon St., St. Joseph, Mo.</b></p>	23c. DATE SIGNED <p align="center"><b>5/27/54</b></p>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <p align="center"><b>Burial</b></p>	24b. DATE <p align="center"><b>5/28/54</b></p>	24c. NAME OF CEMETERY OR CREMATORY <p align="center"><b>Helena Cemetery</b></p>	24d. LOCATION (City, town, or county) (State) <p align="center"><b>Helena Mo.</b></p>
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DATE REC'D BY LOCAL REG. <p align="center"><b>May 27, 1954</b></p>	REGISTRAR'S SIGNATURE <p align="center"><i>Gretchen M. Allison</i></p>	485	25. FUNERAL DIRECTOR'S SIGNATURE <p align="center"><i>Vernon B. Schubert</i></p>	ADDRESS <p align="center"><b>Tracy, Mo.</b></p>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.

FILED JUN 1, 1954

JUN 3 1954

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 E. L. Kaur

Licensed Embalmer No. 3532

P. O. Address Troy, Kansas

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.