

FILED SEP 1 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **29657**

BIRTH NO. _____		REG. DIST. NO. <b>369</b>	PRIMARY REG. DIST. NO. <b>4538</b>	Registrar's No. <b>10</b>	
1. PLACE OF DEATH a. COUNTY <b>Wayne</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Wayne</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Piedmont</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Piedmont</b> <span style="float: right;">1110</span>			
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Jannie</b>		b. (Middle) <b>Mae</b>		c. (Last) <b>Campbell</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>8 20 54</b>		5. SEX <b>Female</b>			
6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Sept. 20, 1884</b>	
9. AGE (In years last birthday) <b>69</b>		IF UNDER 1 YEAR Months		IF UNDER 14 HRS. Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		11. BIRTHPLACE (State or foreign country) <b>Piedmont, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>John L. Lewis</b>			
13b. MOTHER'S MAIDEN NAME <b>Mary Ann Clark</b>		14. NAME OF HUSBAND OR WIFE <b>Lee Campbell</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>494-26-5153</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Charles Lewis</b> ADDRESS <b>Piedmont, Mo.</b>	
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) <b>ac. ulcerative colitis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>possible pregnancy &amp; lower bowel</b> DUE TO (c)  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? <b>153 X</b> YES <input type="checkbox"/> NO <input 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)	
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 <b>19 50</b> , 19 <b>50</b> , to <b>8/22</b> , 19 <b>54</b> , that I last saw the deceased alive on <b>8/22</b> , 19 <b>54</b> , and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE <b>H. H. Clin</b> (Degree or title) <b>MD</b>		23b. ADDRESS <b>Piedmont, Mo.</b>		23c. DATE SIGNED <b>8/23/54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>8/22/54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Masonic</b>	
24d. LOCATION (City, town, or county) (State) <b>Piedmont, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Gish Funeral Home</b> ADDRESS <b>Piedmont, Mo.</b>			
DATE REC'D BY LOCAL REG. <b>Aug 24, 1954</b>		REGISTRAR'S SIGNATURE <b>Hazel Ward</b> <b>460</b>			

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

RECEIVED

AUG 28 1954

WAYNE CO. HEALTH CENTER

FILE No. \_\_\_\_\_

SEP 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 \_\_\_\_\_

*Me*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Maurice Bowler*

Licensed Embalmer No. *4426*

P. O. Address *Piedmont Ave*

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.