

FILED NOV 29 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36514**

BIRTH NO. _____		REG. DIST. NO. 38		PRIMARY REG. DIST. NO. 3606		Registrar's No. 321	
1. PLACE OF DEATH a. COUNTY Boone				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boone			
b. CITY (If outside corporate limits, write RURAL and give town(ship)) OR TOWN Columbia		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Columbia		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Boone County Hospital				STREET ADDRESS (If rural, give location) Route 6 - Columbia Tp.			
3. NAME OF DECEASED (Type or Print) a. (First) DAISY b. (Middle) DEAN c. (Last) CAMPBELL			4. DATE OF DEATH (Month) (Day) (Year) Nov. 20, 1954				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 18, 1875		9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY ---		11. BIRTHPLACE (City and State or Foreign Country) Boone County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Thomas Baker		13b. MOTHER'S MAIDEN NAME Nancy Roberts		14. NAME OF HUSBAND OR WIFE Henry Jacob Campbell			
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. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Edmund D. Campbell, 207 Monroe, Columbia, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac decompensation ANTECEDENT CAUSES DUE TO (b) Fracture hip, left intertrochanteric DUE TO (c) Fracture humerus left surgical neck II. OTHER SIGNIFICANT CONDITIONS Rheumatoid arthritis involving multiple joints, severe.						INTERVAL BETWEEN ONSET AND DEATH 89040 21
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION none				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE Fall at home		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) Columbia, Mo. (COUNTY) 010 (STATE)			
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? Fall in her home			
22. I hereby certify that I attended the deceased from 11-18-54 , 19____, to 11-20-54 , 19____, that I last saw the deceased alive on 11-19 , 19 54 , and that death occurred at 6:30A. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Edmund D. Campbell, M.D.				23b. ADDRESS 909 University Ave. Columbia, Mo.		23c. DATE SIGNED 11-24-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 22, 1954		24c. NAME OF CEMETERY OR CREMATORY Oakland Cemetery		24d. LOCATION (City, town, or county) (State) Boone County, Missouri.	
DATE REC'D BY LOCAL REG. Nov. 24 1954		REGISTRAR'S SIGNATURE Mrs. R.E. Palmer		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 31-0 Parker, Funeral Service, Columbia, Mo.			

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.....
Signature of Student Embalmer

Signed.....
Thas L. [Signature]

Licensed Embalmer No. 41.....

P. O. Address.....
[Signature]

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.