

FILED NOV 23 1954

STANDARD CERTIFICATE OF DEATH

4231

No. 300
10.48

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

BIRTH NO. _____		REG. DIST. NO. <u>142</u>		PRIMARY REG. DIST. NO. <u>86</u>		Registrar's No. <u>42</u>	
1. PLACE OF DEATH a. COUNTY <u>Howell</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u>			
b. CITY OR TOWN <u>Mountain View, Mo</u>			c. LENGTH OF STAY (In this place) <u>52 yrs</u>		c. CITY OR TOWN <u>Mountain View, Mo</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>				e. STREET ADDRESS (If rural, give location) <u>04600</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert Wesley</u>			b. (Middle) _____		c. (Last) <u>Campbell</u>		4. DATE OF DEATH (Month) <u>Nov</u> (Day) <u>2</u> (Year) <u>1954</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Oct 13-1871</u>		9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Days <u>0</u> IF UNDER 12 HRS. Hour <u>20</u> Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>
13a. FATHER'S NAME <u>George Cambell</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Bishop</u>		14. NAME OF HUSBAND OR WIFE _____		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Calvin Campbell</u> ADDRESS <u>St. Louis, Mo.</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		<p style="text-align: center;">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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? 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) _____		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? _____		22. I hereby certify that I attended the deceased from <u>Mar 2, 1954</u> to <u>Mar 2, 1954</u> , that I last saw the deceased alive on <u>Mar 2, 1954</u> , and that death occurred at <u>12 midnite</u> from the causes and on the date stated above.					
23a. SIGNATURE <u>Stanley Barner</u> (Degree or title) <u>D.O.</u>			23b. ADDRESS <u>Mountain View Mo</u>			23c. DATE SIGNED <u>Mar 2-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-7-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Gill</u>		24d. LOCATION (City, town, or county) (State) <u>Mtn View, Mo</u>		
DATE REC'D BY LOCAL REG. <u>11-19-54</u>		REGISTRAR'S SIGNATURE <u>Laura Hutchell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Duncan Funeral Home</u> ADDRESS <u>Mtn View, Mo</u>		126	

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 *Joe R. [Signature]*.....
Licensed Embalmer No. *437*,
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.