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

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14544

State File No. ....

FILED MAY 18 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 5010 Registrar's No. 47

1. PLACE OF DEATH  
a. COUNTY Andrew  
b. CITY OR TOWN (If outside corporate limits, write RURAL and give town) RURAL BOLCKOW MO  
c. LENGTH OF STAY (in this place) \_\_\_\_\_  
d. FULL NAME OF HOSPITAL OR INSTITUTION \_\_\_\_\_

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE MISSOURI b. COUNTY Andrew  
c. CITY OR TOWN RURAL BOLCKOW MO  
d. Is Residence within limits of a city or incorporated town? Yes  No   
e. STREET ADDRESS (If rural, give location) 0020

3. NAME OF DECEASED (Type or Print)  
a. (First) Stella b. (Middle) Elroy c. (Last) Campbell  
4. DATE OF DEATH (Month) (Day) (Year) 5-4-1955

5. SEX Female 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 8. DATE OF BIRTH 7-30-1875 9. AGE (In years last birthday) 79 10. MONTHS 9 11. DAYS 4 12. HOURS 4 13. 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) Andrew Mo 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Thomas neeley 13b. MOTHER'S MAIDEN NAME Adaline Bowen 14. NAME OF HUSBAND OR WIFE Robert Campbell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no 16. SOCIAL SECURITY NO. none 17. INFORMANT'S SIGNATURE OR NAME Arthur Campbell A.F.D. Bolckow Mo ADDRESS \_\_\_\_\_

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Cerebral apoplexy  
\*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) \_\_\_\_\_  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

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) 334 X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from 1-2, 1955, to 5-4, 1955, that I last saw the deceased alive on 5-3, 1955, and that death occurred at 1:46 PM, from the causes and on the date stated above.

23a. SIGNATURE V. R. Wilson M.D. (Degree or title) 23b. ADDRESS Rosendall mo 23c. DATE SIGNED 5-6-1955

24a. BURIAL, CREMATION REMOVAL (Specify) BURIAL 24b. DATE 5-8-1955 24c. NAME OF CEMETERY OR CREMATORY Bolckow 24d. LOCATION (City, town, or county) (State) Bolckow Mo

DATE REC'D BY LOCAL REG. 5-9-55 REGISTRAR'S SIGNATURE Hel Curry Sparks 25. FUNERAL DIRECTOR'S SIGNATURE Breit Funeral Home Savannah Mo ADDRESS \_\_\_\_\_

(Licensed Embalmer's Statement on Reverse Side)

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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 *E. C. Breit*.....

Licensed Embalmer No. *265*

P. O. Address *Sacramento*

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.