

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43542**

FILED MAY 18 1956

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

BIRTH NO.		REG. DIST. NO. 59		PRIMARY REG. DIST. NO. 4099		Registrar's No. 21			
1. PLACE OF DEATH a. COUNTY Cass				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Cass					
b. CITY OR TOWN Pleasant Hill		c. LENGTH OF STAY (in this place) 46 yrs		c. CITY OR TOWN Pleasant Hill		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 Home				e. STREET ADDRESS (If rural, give location) 207 N Boardman 019⁰					
3. NAME OF DECEASED (Type or Print)		a. (First) Laura		b. (Middle) Jany		c. (Last) Campbell			
4. DATE OF DEATH		(Month) 3		(Day) 3		(Year) 55			
5. SEX F		6. COLOR OR RACE W		7. MARRIED (Ever married, widowed, divorced, separated)		8. DATE OF BIRTH Nov. 9, 1871			
9. AGE (In years last birthday) 83		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		Hours Min.			
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Rebanon Va		12. CITIZEN OF WHAT COUNTRY USA			
13a. FATHER'S NAME Jefferson Fields		13b. MOTHER'S MAIDEN NAME Unknown		13c. NAME OF HUSBAND OR WIFE James M. Campbell					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Maynard Campbell ADDRESS 308 Brook Creek St. No					
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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Heart failure + Cardiac Arrhythmia				ANTECEDENT CAUSES					
MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) Chronic Arthritis + Arterio Sclerosis					
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? 295X		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)		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 2-27, 1955 , to 3-3, 1955 , that I last saw the deceased alive on 3-2, 1955 , and that death occurred at 7:45 p.m., from the causes and on the date stated above.									
23a. SIGNATURE Wm. Beckman				23b. ADDRESS M.D. Strasburg Mo		23c. DATE SIGNED 3-4-55			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 3-4-55		24c. NAME OF CEMETERY OR CREMATORY St. James Cem		24d. LOCATION (City, town, or county) (State) Raytown Mo.			
DATE REC'D BY LOCAL REG. 3-7-55		REGISTRAR'S SIGNATURE Nora Barnard		25. FUNERAL DIRECTOR'S SIGNATURE Brownfield-Stanley		ADDRESS Pleasant Hill, Mo.			

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.....

Licensed Embalmer No.....

P. O. Address.....

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.