

FILED MAR 13 1956

STANDARD CERTIFICATE OF DEATH

State File No. **3724**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 3003 Registrar's No. 41

1. PLACE OF DEATH a. COUNTY <b>Barry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> - b. COUNTY <b>Lawrence</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Monett</b>		c. LENGTH OF STAY (in this place) <b>50 Yrs.</b>	c. CITY OR TOWN <b>Monett</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Vincent Hospital</b>		f. STREET ADDRESS (If rural, give location) <b>Rural, 3 Miles N. Monett</b>	
3. NAME OF DECEASED a. (First) <b>JAMES</b> (Type or Print)		b. (Middle) <b>RALSTON</b>	
c. (Last) <b>CAMPBELL</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Mar. 8, 1956</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 29, 1895</b>
9. AGE (in years last birthday) <b>60</b>		IF UNDER 1 YEAR Months <b>7</b> Days <b>9</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Dairy farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <b>Pittsburg, Kansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>W. W. Campbell</b>		13b. MOTHER'S MAIDEN NAME <b>Janet Braidwood</b>	
14. NAME OF HUSBAND OR WIFE <b>Ella Campbell</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Ella Campbell Monett, 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>Severe Burns over 95% of body</b> ANTECEDENT CAUSES Morbidity 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 <b>9/6/1</b> <b>3</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (Specify) <b>Accident Farm Feed lot</b>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) <b>Monett Lawrence</b> (COUNTY) (STATE) <b>Mo</b>	
21d. TIME OF INJURY <b>3-8-56 10:20 AM</b>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>Pouring Fuel Oil To Start Fire</b>		22. I hereby certify that I attended the deceased from <b>3-10-56</b> , 19 <b>56</b> , to <b>3-8-56</b> , 19 <b>56</b> , that I last saw the deceased alive on <b>3-8-56</b> , 19 <b>56</b> , and that death occurred at <b>11:40 AM.</b> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <b>Frank Burr MD</b>		23b. ADDRESS <b>Monett Mo</b>	
23c. DATE SIGNED <b>3-10-56</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>3/11/56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>I.O.O.F.</b>	
24d. LOCATION (City, town, or county) (State) <b>Monett, Missouri</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>J. D. BUCHANAN</b> ADDRESS <b>MONETT, MO.</b>	
DATE REC'D BY LOCAL REG. <b>3-11-56</b>		REGISTRAR'S SIGNATURE <b>Max O. Cook 5/3</b>	

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

BARRY COUNTY HEALTH UNIT  
CASSVILLE, MO.

NO. 356-52

DATE REC. 3-12-56

APR 17 1956

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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 *J. D. Bushman*

Licensed Embalmer No. 3179

P. O. Address Monett, Mo.

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.