

D. S. Chapman  
FILED APR 4 - 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10021

State File No. ....

BIRTH NO. .... REG. DIST. NO. 272 PRIMARY REG. DIST. NO. 4397 Registrar's No. 16

|  |  |  |   |
|--|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Remiscat</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Remiscat</u> |   |
| b. CITY OR TOWN <u>Coaster</u>                   |  | c. CITY OR TOWN <u>Coaster</u>   | d. Is Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (if in this place) <u>Life</u> |  | e. STREET ADDRESS (If rural, give location) <u>0180</u>  |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION          |  |  |   |

|  |                               |   |   |   |   |
|--|-------------------------------|---|---|---|---|
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>John</u> b. (Middle) <u>Wilson</u> c. (Last) <u>Campbell</u> |                               |   | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>3-17-56</u>            |   |   |
| 5. SEX <u>M</u>  | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>9-24-1881</u>                                     | 9. AGE (In years last birthday) <u>74</u> | IF UNDER 1 YEAR<br>Months <u>5</u> Days <u>23</u> |
| 10a. USUAL OCCUPATION (Give kind of work doing during most of working life, even if retired) <u>farmer</u>           |                               | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>                         | 11. BIRTHPLACE (City and State or Foreign Country) <u>Coaster, Mo</u> |   | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>         |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| 13a. FATHER'S NAME <u>J.F. Campbell</u>                                    |  | 13b. MOTHER'S MAIDEN NAME <u>Nancy J. Bueger</u> |  | 14. NAME OF HUSBAND OR WIFE <u>Emma Campbell</u>                               |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>no</u> |  | 16. SOCIAL SECURITY NO. <u>(blank)</u>           |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Velmer Campbell Coaster Mo</u> |  |

|   |  |   |  |                                  |  |
|---|--|---|--|----------------------------------|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)   |  | MEDICAL CERTIFICATION   |  | INTERVAL BETWEEN ONSET AND DEATH |  |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchogenic Carcinoma</u>  |  | ANTecedent CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>metastasis</u> |  |                                  |  |
| * This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. |  | DUE TO (c)  |  |                                  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.             |  |   |  |                                  |  |

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 19a. DATE OF OPERATION                          |  | 19b. MAJOR FINDINGS OF OPERATION <u>162x</u>   |  | 20. AUTOPSY?<br>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)<br><u>Coaster Remiscat Mo</u>       |  |
| 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 Feb 10, 1956, to March 17, 1956, that I last saw the deceased alive on March 17, 1956, and that death occurred at 2 P m., from the causes and on the date stated above.

|  |  |                                |  |                                 |  |
|--|--|--------------------------------|--|---------------------------------|--|
| 23a. SIGNATURE (Degree or title) <u>J. R. Chapman M.D.</u> |  | 23b. ADDRESS <u>Steele, Mo</u> |  | 23c. DATE SIGNED <u>3-17-56</u> |  |
|--|--|--------------------------------|--|---------------------------------|--|

|   |  |  |  |   |  |  |  |
|---|--|--|--|---|--|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> |  | 24b. DATE <u>3-19-56</u>                   |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Mt Zion</u>                           |  | 24d. LOCATION (City, town, or county) (State) <u>Steele Mo</u> |  |
| DATE REC'D BY LOCAL REG. <u>4-20-56</u>                 |  | REGISTRAR'S SIGNATURE <u>J. R. Chapman</u> |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>Benson and Co. Steele Mo</u> |  |  |  |

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

4-83-56

APR 3 - 1956

PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
CARUTHERSVILLE, 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 *John H. Germer*.....

Licensed Embalmer No. *425*.....

P. O. Address *Hayti*.....

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.