

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 2 1956

10516
State File No. _____
Registrar's No. 2799

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 2799				
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois				b. COUNTY Tazewell		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.			c. LENGTH OF STAY (in this place) _____	c. CITY OR TOWN Pekin		d. Is Residence within limits of a city (incorporated town)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) BARNES HOSPITAL				e. STREET ADDRESS (If rural, give location) 1020 So. 2nd St. 8/208						
3. NAME OF DECEASED (Type or Print) a. (First) William			b. (Middle) T.		c. (Last) Campbell		4. DATE OF DEATH (Month) (Day) (Year) March 17, 1956			
5. SEX <input checked="" type="checkbox"/> Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 4, 1885		9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 12 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Wire Drawer			10b. KIND OF BUSINESS OR INDUSTRY Steel Mfg. Co.		11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME Washington Campbell			13b. MOTHER'S MAIDEN NAME Harriet Pittenger		14. NAME OF HUSBAND OR WIFE Mary					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) unknown		17. INFORMANT'S SIGNATURE OR NAME Mary Campbell				ADDRESS 1020 S. 2nd St. Pekin, Ill.		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intra-pulmonary Hemorrhage						INTERVAL BETWEEN ONSET AND DEATH 3 yrs.			
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pulmonary Tuberculosis									
	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 .002x						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 Mar 14, 1956 , to Mar 17, 1956 , that I last saw the deceased alive on Mar 17, 1956 , and that death occurred at 4:30 P.M. , from the causes and on the date stated above.										
23a. SIGNATURE <i>C. Vermillion, M.D.</i>				(Degree or title) M. D.		23b. ADDRESS BARNES HOSPITAL		23c. DATE SIGNED 3/19/56		
24a. BURIAL, CREMATION, REMOVAL Removal		24b. DATE 3-19-56	24c. NAME OF CEMETERY OR CREMATORY Lakeside Cemetery		24d. LOCATION (City, town, or county) (State) Pekin, Ill.					
DATE REC'D BY LOCAL REG. MAR 19 1956		REGISTRAR'S SIGNATURE <i>Albert H. Hoppe</i>			25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe				ADDRESS 4700 Washington Blvd.	

(Licensed Embalmer's Statement on Reverse Side)

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

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..... *Elmer R. Caldwell*

Licensed Embalmer No. *40*

P. O. Address *La. Lou*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.