

FILED MAY 1 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13860

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 171 PRIMARY REG. DIST. NO. 5637 Registrar's No. 14

|  |  |   |   |
|--|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Lafayette</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u> |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Clay Twns.</u> |  | c. CITY OR TOWN <u>6 Mi. NW of Odessa</u>   | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. LENGTH OF STAY (In this place) <u>Life</u>  |  | e. STREET ADDRESS (If rural, give location) <u>0540</u>   |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION  |  |   |   |

|                                     |                          |                       |                           |   |
|-------------------------------------|--------------------------|-----------------------|---------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Albert</u> | b. (Middle) <u>L.</u> | c. (Last) <u>Campbell</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>April 17, 1956</u> |
|-------------------------------------|--------------------------|-----------------------|---------------------------|---|

|                    |                               |   |                                       |   |   |   |
|--------------------|-------------------------------|---|---------------------------------------|---|---|---|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Oct. 27, 1887</u> | 9. AGE (In years last birthday) <u>68</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
|--------------------|-------------------------------|---|---------------------------------------|---|---|---|

|   |                                   |   |                              |
|---|-----------------------------------|---|------------------------------|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) <u>Lafayette Co. Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? |
|---|-----------------------------------|---|------------------------------|

|   |  |  |
|---|--|--|
| 13a. FATHER'S NAME <u>Andy Campbell</u> | 13b. MOTHER'S MAIDEN NAME <u>Eliza Buchannon</u> | 14. NAME OF HUSBAND OR WIFE <u>Nellie Campbell</u> |
|---|--|--|

|   |                         |  |
|---|-------------------------|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u> | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Nellie Campbell, Odessa, Mo.</u> |
|---|-------------------------|--|

|   |   |  |  |
|---|---|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br><u>6 mo. (9)</u> |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma right lung</u>  |  |  |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last.<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>Arterial Sclerosis</u> |  |  |

|                        |                                  |  |
|------------------------|----------------------------------|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? 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) (Min.) | 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 July, 1954, to 4/17/56, 1956, that I last saw the deceased alive on 4/17/56, 1956, and that death occurred at 10:15P m., from the causes and on the date stated above.

|   |                                    |                                 |
|---|------------------------------------|---------------------------------|
| 23a. SIGNATURE (Degree or title) <u>Ben H. Bascher M.D.</u> | 23b. ADDRESS <u>Lexington, Mo.</u> | 23c. DATE SIGNED <u>4/20/56</u> |
|---|------------------------------------|---------------------------------|

|   |                                |   |   |
|---|--------------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Apr. 19, 1956</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Greenton Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Near Odessa, Mo.</u> |
|---|--------------------------------|---|---|

|   |  |   |                            |
|---|--|---|----------------------------|
| DATE REC'D BY LOCAL REG. <u>4-23-1956</u> | REGISTRAR'S SIGNATURE <u>Emma Davidson</u> | FUNERAL DIRECTOR'S SIGNATURE <u>Husman-Sparks</u> | ADDRESS <u>Odessa, Mo.</u> |
|---|--|---|----------------------------|

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

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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 *William T. Sparks*.....

Licensed Embalmer No. *44*.....

P. O. Address *Odessa*.....

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.