0.300
0.48

FILED MAY 22 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15502

BIRTH NO. _____ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 3004 Registrar's No. 41

1. PLACE OF DEATH
a. COUNTY: Barton 0061
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lamar 4
c. LENGTH OF STAY (in this place): 2 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Potts Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Barton 0061
c. CITY OR TOWN: Lamar
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐ 0
e. STREET ADDRESS (If rural, give location): 1006 Oak St.

3. NAME OF DECEASED (Type or Print)
a. (First): GEORGE
b. (Middle): ROBERT
c. (Last): CAMPBELL

4. DATE OF DEATH (Month) (Day) (Year): May 17, 1956

5. SEX: M ⊙
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 7, 1876
9. AGE (In years last birthday): 80 — 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): Brakeman, Ret.
10b. KIND OF BUSINESS OR INDUSTRY: Union Pacific RR
11. BIRTHPLACE (City and State or Foreign Country): White County, Illinois
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: John Campbell
13b. MOTHER'S MAIDEN NAME: Aberrilla Richter
14. NAME OF HUSBAND OR WIFE: Florence Eleanor Campbell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. Wiley M. Campbell, Lamar, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage

ANTECEDENT CAUSES

Morbid 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.
① Generalized Arteriosclerosis
② Cachexia

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: — 331X
20. AUTOPSY? YES ☐ NO ☑

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) m.: —
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* 5-17, 1956, *to* 5-17, 1956, *that I last saw the deceased alive on* 5-17, 1956, *and that death occurred at* 9:15 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Thomas W. Cearnce M.D.
23b. ADDRESS: 1204 Gulf St - Lamar, Mo.
23c. DATE SIGNED: 5-18-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: May 19, 1956
24c. NAME OF CEMETERY OR CREMATORY: Concord Cemetery
24d. LOCATION (City, town, or county) (State): Carmi, Illinois

DATE REC'D BY LOCAL REG.: MAY 18 1956
REGISTRAR'S SIGNATURE: Marie Konantz
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Chiles Funeral Home, Lamar, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

14-0

21

MAY 24 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Clarence W Chile

Licensed Embalmer No. 34

P. O. Address Lamar M

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