

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21511**

FILED JUN 27 1956

BIRTH NO. _____ REG. DIST. NO. **282** PRIMARY REG. DIST. NO. **4424** Registrar's No. **75**

1. PLACE OF DEATH a. COUNTY Polk		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Polk	
b. CITY (If outside corporate limits, write RURAL and give township) Humansville		c. CITY OR TOWN Dunnegan	d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 2 hrs		e. STREET ADDRESS (If rural, give location) 0840	
d. FULL NAME OF HOSPITAL OR INSTITUTION Geo. Dimmitt Mem. Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Laura b. (Middle) Ellen c. (Last) Campbell			4. DATE OF DEATH (Month) (Day) (Year) 6-18-56	
5. SEX Fe	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 4-20-83	9. AGE (In years last birthday) 73
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Cedar County Missouri	
13a. FATHER'S NAME Wm. V. Hamlett		13b. MOTHER'S MAIDEN NAME Mary Reed	14. NAME OF HUSBAND OR WIFE James G. Campbell	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. -	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Forest Hammons Humansville, Mo.	

18. CAUSE OF DEATH. 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) Injured in automobile		ANTECEDENT CAUSES		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
DUE TO (b) Collision - Inter Cleared		DUE TO (c) Hemorrhage - Traumatic Rib		4 hrs
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. Chronic myocarditis		?
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) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 13	21c. (CITY, TOWN, OR TOWNSHIP) Dunnegan (COUNTY) Polk (STATE) Mo.
21d. TIME (Month) (Day) (Year) (Hour) (Minute) OF INJURY 6-17-56 10:30 a.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR automobile collision

22. I hereby certify that I attended the deceased from **6/17, 1956**, to **6/18, 1956**, that I last saw the deceased alive on **6/18, 1956**, and that death occurred at **1:05 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE A. A. Robinson (Degree or title) M.D.	23b. ADDRESS Humansville, Mo.	23c. DATE SIGNED 6/18/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-20-56	24c. NAME OF CEMETERY OR CREMATORY Alder Cemetery	24d. LOCATION (City, town, or county) (State) Cedar County, Missouri
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DATE REC'D BY LOCAL REG. June 23, 1956	REGISTRAR'S SIGNATURE Ralph Anderson	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Beckwith Funeral Home Humansville
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WRITE PLAINLY—USING UNFADEING 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 *O. H. Beckwith*.....

Licensed Embalmer No. *3937*

P. O. Address *Humboldt*.....

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.