

FILED JAN 28 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

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

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3000</u>		Registrar's No. <u>27</u>	
1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Adair</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kirkville</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Kirkville</u>		d. Is Residence within limits of a city or 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) <u>Laughlin Hospital</u>				STREET ADDRESS (If rural, give location) <u>511 W. Pierce</u> <u>0013</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>COYA</u>		b. (Middle) <u>JANE</u>		c. (Last) <u>Campbell</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 21 1957</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>12-9-1891</u>	
9. AGE (in years last birthday) <u>65</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>12</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laundrykeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Domestic</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>La Harpe, Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Joseph Woodman Rudd</u>		13b. MOTHER'S MAIDEN NAME <u>Susan Shannon</u>		14. NAME OF HUSBAND OR WIFE <u>Deed</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS			
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Congestive Heart Failure</u> ANTECEDENT CAUSES <u>Muricular Fibrillation?</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____				INTERVAL BETWEEN ONSET AND DEATH <u>23 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4341</u>				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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)		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 <u>Jan 2, 1957</u> , to <u>Jan 21, 1957</u> , that I last saw the deceased alive on <u>Jan 21, 1957</u> , and that death occurred at <u>10:24 A.M.</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>A. J. Rhoads, D.O.</u> (Degree or title)				23b. ADDRESS <u>20 Kirkville, Mo</u>		23c. DATE SIGNED <u>1-21-57</u>	
24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-23-1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>La Harpe Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>La Harpe Illinois</u>	
DATE REC'D BY LOCAL REG. <u>1-21-57</u>		REGISTRAR'S SIGNATURE <u>Doris W. Rathoff</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Doris &amp; Doris - Kirkville, Mo.</u>			

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 *Robert B. Davis*.....

Licensed Embalmer No. *421*

P. O. Address *Kubsville*

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.