

FILED FEB 25 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3603

STATE FILE NUMBER

 Registration District No. 1 Primary Registration District No. 5009 Registrar's No. 73

1. PLACE OF DEATH a. COUNTY <b>ADAIR</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>ADAIR</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Wilson, TWP.</b>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>La Plata, Mo.</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>3 Mi N LaP. US63 momentary</b>			Length of stay in 1b <b>momentary</b>	d. STREET ADDRESS <b>North Highway 63</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>James</b> Middle <b>Thomas</b> Last <b>Campbell</b>				4. DATE OF DEATH Month <b>Feb</b> Day <b>15</b> Year <b>1957</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Dec, 14, 1905</b>		9. AGE (In years last birthday) <b>51</b>	IF UNDER 1 YEAR Months <b>2</b> Days <b>1</b>	IF UNDER 24 HRS. Hours <b>--</b> Min. <b>--</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Same</b>	11. BIRTHPLACE (City and state or country) <b>Novinger Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13. FATHER'S NAME <b>J. R. Campbell</b>				14. MOTHER'S MAIDEN NAME <b>Laura Scriven</b>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>497-32-7048</b>		17. INFORMANT Address <b>Mrs Elsie Campbell, La Plata, Mo.</b>				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Thrombosis</b>							INTERVAL BETWEEN ONSET AND DEATH <b>Minutes</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>4201</b>							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>Had heart attack while driving his pickup to work about 3mi N LaPlata Mo on U.S. # 63</b>					
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>La Plata Mo</b>					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>La Plata Mo</b>		20f. CITY, TOWN, OR LOCATION <b>La Plata Mo</b>		20g. COUNTY <b>Adair</b>		
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <b>Oct 7 4:40 AM</b> on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <b>Novat E. Foster, Coroner</b>				22b. ADDRESS <b>402 N. Elson, Kussville Mo</b>		22c. DATE SIGNED <b>2-15-57</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Feb 17, 1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Pratt Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Adair County, Missouri</b>				
24. FUNERAL DIRECTOR ADDRESS <b>Thomas M. Elison La Plata Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>2-19-1957</b>		26. REGISTRAR'S SIGNATURE <b>Doris W. Rattiff</b>			

(Licensed Embalmer's Statement on Reverse Side)

 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
 Coroner cannot certify to a death due to natural causes.
35  
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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.....  
*Kenneth M. Wilson*

Licensed Embalmer No. 4701

P. O. Address La Plata,

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.