

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1543

STATE FILE NUMBER

FILED NOV 26 1957

Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 281

1. PLACE OF DEATH a. COUNTY RANDOLPH			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY RANDOLPH		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MOBERLY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN MOBERLY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5 WINDSOR PL.		Length of stay in lb 50 YRS.	d. STREET ADDRESS 5 WINDSOR PL.		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First - Middle - Last CHRISTINE JOSEPHINE CAMPBELL			4. DATE OF DEATH Month Day Year NOV. 19. 1957		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH FEB. 26, 1866	9. AGE (In years last birthday) 91	
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) BERN, SWITZERLAND	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME RUDOLPH FESSLER			14. MOTHER'S MAIDEN NAME JOSEPHINE GANDER		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. _____		17. INFORMANT Address MRS. W.L. WINDSOR MOBERLY	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerosis Heart Disease					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					4200
PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					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.)		
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					
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.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 1953 to 1957 and last saw her ^{him} alive on July 1957 Death occurred at 3 A m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>W.L. Windsor, M.D.</i>			22b. ADDRESS 1014 1/2 W. MO.		22c. DATE SIGNED Nov 20 57
23a. BURIAL CREMATION REMARK (Specify) BURIAL	23b. DATE 11-22-1957	23c. NAME OF CEMETERY OR CREMATORY Waterloo		23d. LOCATION (City, town, or county) (State) WATERLOO IOWA	
24. FUNERAL DIRECTOR MAHAN FUNERAL SERVICE - MOBERLY			25. DATE RECD. BY LOCAL REG. 11/22/57		26. REGISTRAR'S SIGNATURE <i>Leablowe</i>

(Licensed Embalmer's Statement on Reverse Side)

Health, & Welfare
S. Public
th Service

S. 300
y. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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MS FEB 18 1980

DEC 23 1957

MAY 23 1958

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 *John A. Green*.....
Licensed Embalmer No. *381*

P. O. Address *Mohanty*

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.