

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **625**

FILED JAN 13 1958

BIRTH NO. _____ REG. DIST. NO. **75** PRIMARY REG. DIST. NO. **3015** Registrar's No. **2**

1. PLACE OF DEATH a. COUNTY Clinton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clinton	
b. CITY (If outside corporate limits, write RURAL and give township) Cameron		c. LENGTH OF STAY (in this place) 24 Years	c. CITY OR TOWN Cameron
d. FULL NAME OF HOSPITAL OR INSTITUTION 425 N. Cherry		d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) 425 N. Cherry	

3. NAME OF DECEASED (Type or Print) a. (First) A LONZO b. (Middle) --- c. (Last) CAMPBELL		4. DATE OF DEATH (Month) (Day) (Year) 1 / 2 / 58	
5. SEX <input type="radio"/> Male <input type="radio"/> Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Apr. 3, 1873
9. AGE (In years last birthday) 84		IF UNDER 1 YEAR Months Days	IF UNDER 11 YRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Merchant		10b. KIND OF BUSINESS OR INDUSTRY Grocery	11. BIRTHPLACE (City and State or Foreign Country) Clinton Co. Mo.
		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Richard Campbell		13b. MOTHER'S MAIDEN NAME Cornelia Truotman		14. NAME OF HUSBAND OR WIFE Mrs. Olif Campbell	
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. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Olif Campbell, Cameron 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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary heart failure		INTERVAL BETWEEN ONSET AND DEATH 3 da.	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Chronic myocarditis 3 yr.	
		DUE TO (c) Arteriosclerosis		10 yrs	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) 4221	
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 **6/29, 1957**, to **1-2-1958**, that I last saw the deceased alive on **1-2-1958**, and that death occurred at **11:40 AM.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. E. Sumner, M.D.		23b. ADDRESS Cameron Mo.		23c. DATE SIGNED 1-3-58	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/4/58		24c. NAME OF CEMETERY OR CREMATORY Stewartsville	
		24d. LOCATION (City, town, or county) (State) Stewartsville, Mo			

DATE REC'D BY LOCAL REG. 1-5-58		REGISTRAR'S SIGNATURE Frances D. Crawford		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. E. Sumner, Stewartsville, Mo.	
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WRITE PLAINLY—USING UNFADING 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 *W. E. Summerfield*

Licensed Embalmer No. 3007...

P. O. Address *St. Louis, Mo.*

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.