

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-006257  
STATE FILE NUMBER

FILED MAR 12 1958

Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 35

1. PLACE OF DEATH a. COUNTY Laclede		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pulaski	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lebanon, Missouri		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Richland, Missouri
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wallace Hosp.		Length of stay in 1b 17 hrs.	d. STREET ADDRESS (If outside, give location) None.
3. NAME OF DECEASED (Type or print) First Middle Last Alfred Newton Campbell.			4. DATE OF DEATH Month Day Year Feb. 23, 1958
5. SEX Male	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. 3, 1873
9. AGE (In years last birthday) 85	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer.	11. BIRTHPLACE (City and state or country) Pulaski Co, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Joshua Campbell.		13b. MOTHER'S MAIDEN NAME Sarah Elizabeth Carter.	14. NAME OF HUSBAND OR WIFE Rebecca E. 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. None.	17. INFORMANT Mrs. Letha Johnson Richland, Mo
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction.			INTERVAL BETWEEN ONSET AND DEATH 10 mins
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arterio-Sclerotic Heart Disease.			5 years.
DUE TO (c)			
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"/> 2
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 <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 May 1954 to 2/23/1958 and last saw her alive on 2/22/58 Death occurred at 5:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE F H Johnson MD		22b. ADDRESS Lebanon, Missouri	22c. DATE SIGNED 2/24/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2/25/58	23c. NAME OF CEMETERY OR CREMATORY Dowty Cemetery.	23d. LOCATION (City, town, or county) (State) Richland, Missouri
24. FUNERAL DIRECTOR Hedges Funeral Home Richland, Mo.		25. DATE RECD. BY LOCAL REG. 3-3-1958	26. REGISTRAR'S SIGNATURE Kella L. May

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

APR 30 1958

MAR 12 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 *Clarence E. Moss* .....

Licensed Embalmer No. 4896 .....  
P. O. Address Waynesville, 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.