

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-014935
STATE FILE NUMBER

FILED MAY 5 1958

Registration District No. 187 Primary Registration District No. 5696 Registrar's No. 125

300
-57
590
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1. PLACE OF DEATH a. COUNTY Livingstone		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY LIVINGSTONE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jackson Twp		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN RFD #4 Trenton
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rd #4 Trenton		Length of stay in 1b Life	d. STREET ADDRESS (If outside, give location) Rd #4 Trenton
			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First ALVA Middle GROVER Last Campbell			4. DATE OF DEATH Month April Day 26 Year 1958		
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDDED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MAY 18 1886		9. AGE (In years, last birthday) 71
			IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) FARMER	10b. KIND OF BUSINESS OR INDUSTRY AGRICULTURE	11. BIRTHPLACE (City and state or country) Livingstone Co. Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME MILTON H CAMPBELL	13b. MOTHER'S MAIDEN NAME Lena A Humphreys	14. NAME OF HUSBAND OR WIFE Ellette Welden	
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. 424-40-7715A	17. INFORMANT Mrs. ALVA CAMPBELL Rd #4 Trenton	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary Thrombosis			INTERVAL BETWEEN ONSET AND DEATH 1 hour
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)	
		DUE TO (c)	4201
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 <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 Trenton MO	COUNTY MO	STATE MO
21. I attended the deceased from April 26 1958 to April 26 1958 and last saw her alive on April 26 1958 Death occurred at 10:30 a.m. at on the date stated above; and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE Oliver R. Duffey	(Degree or title) MD	22b. ADDRESS Trenton MO	22c. DATE SIGNED April 28 1958
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 4/28/1958	23c. NAME OF CEMETERY OR CREMATORY Shelburn Cem	23d. LOCATION (City, town, or county) (State) RFD Trenton MO

24. FUNERAL DIRECTOR J. Gordon Blackmore	ADDRESS Trenton MO	25. DATE RECD. BY LOCAL REG. 4/28/58	26. REGISTRAR'S SIGNATURE Francis B Neill
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Claude H. Crandall*

Licensed Embalmer No. *4986*

P. O. Address *Stanton, Md.*

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.