

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-017181  
State File No. ....

FILED JUN 2 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 172

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Adair</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kirkville</u>		c. LENGTH OF STAY (in this place) <u>30 yrs</u>	c. CITY OR TOWN <u>Kirkville</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Kirkville Methodist Hospital</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lucille</u> b. (Middle) <u>Campbell</u> c. (Last) <u>Campbell</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May-13-1958</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>don't know</u>
9. AGE (In years last birthday) <u>64</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>LaPlata, Mo. Co. Mo.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at Home</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Alex H. King</u>		13b. MOTHER'S M maiden name <u>Ella Owens</u>	14. NAME OF HUSBAND OR WIFE _____
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>na</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Eddie Gupston</u> ADDRESS <u>LaPlata Mo</u>
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Arrest</u> 410X ANTECEDENT CAUSES DUE TO (b) <u>Mitral Valve disease</u> DUE TO (c) <u>Rheumatic Fever</u> II. OTHER SIGNIFICANT CONDITIONS <u>Cirrhosis of the Liver</u> <u>Auricular Fibrillation</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____		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 <u>5-11</u> , 1958, to <u>5-12</u> , 1958, that I last saw the deceased alive on <u>5-12</u> , 1958, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>David W. Brane</u> (Degree or title) <u>2</u>		23b. ADDRESS <u>Kirkville, Mo</u>	
23c. DATE SIGNED <u>5-22-58</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May-15-58</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>LaPlata Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>LaPlata Mo.</u>	
DATE REC'D BY LOCAL REG. <u>5-24-58</u>		REGISTRAR'S SIGNATURE <u>David W. Brane</u>	
FUNERAL DIRECTOR'S SIGNATURE <u>D. S. Christie</u>		ADDRESS <u>LaPlata, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

535

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 *D. S. Christie*

Licensed Embalmer No. *1109*

P. O. Address *Lakeland*

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.