

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044557
State File No.

FILED DEC 29 1958

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 276

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). --a. STATE Missouri b. COUNTY JACKSON	
b. CITY OR TOWN Rural Prairie c. LENGTH OF STAY (in this place) 16 mo.		c. CITY OR TOWN Grandview d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jackson County Hosp.		e. STREET ADDRESS (If rural, give location) 1412 Shelton	
3. NAME OF DECEASED a. (First) EMMA J. b. (Middle) Campbell c. (Last) Campbell		4. DATE OF DEATH Dec. 18-1958	
5. SEX female	6. COLOR OR RACE white	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Aug. 26-1875
9. AGE (In years last birthday) 83		10. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or foreign Country) Gordonville, Kentucky
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME JAMES H. Campbell		13b. MOTHER'S MAIDEN NAME FANNY TAYLOR	
14. NAME OF HUSBAND OR WIFE None		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. 488-22-2900		17. INFORMANT'S SIGNATURE OR NAME JENN A Verill ADDRESS 1016 E 83rd Ten	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: Arterio Sclerotic heart disease ANTECEDENT CAUSES: General Arterio-sclerosis DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ 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 4200	
20. AUTOPSY? 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) (Min.)		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 8-16 19 57 , to 12-18 19 58 , that I last saw the deceased alive on 12-18 19 58 , and that death occurred at 1:30 p. m. , from the causes and on the date stated above.			
23a. SIGNATURE Phyl. Japer M.D. (Degree or title)		23b. ADDRESS Wes Summit Mo	
23c. DATE SIGNED 12-19-58			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Dec 22 58	
24c. NAME OF CEMETERY OR CREMATORY Union Cemetery		24d. LOCATION (City, town, or county) (State) Wasson City Mo	
DATE REC'D BY LOCAL REG. 12/21/58		REGISTRAR'S SIGNATURE J. O. Campbell	
25. FUNERAL DIRECTOR'S SIGNATURE PW Newcomer & Sons		ADDRESS 1337 B. 25th CREER	

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

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 *Edward M. Stacey*.....

Licensed Embalmer No. *4452*.....

P. O. Address *R.C. M.*.....

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.