

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-004985

STATE FILE NUMBER

FILED FEB 26 1959 Registration District No. 098 Primary Registration District No. Registrar's No. 12

10  
5. 300  
1-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE *Dr. H. H. B. B. B.*

1. PLACE OF DEATH a. COUNTY <b>Daviess</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Daviess</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Gallatin</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Gallatin</b> 0310		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Jaunitas Rest Home</b>			Length of stay in 1b <b>60 Yrs</b>		d. STREET ADDRESS (If outside, give location) <b>---</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>Ira</b> Middle <b>---</b> Last <b>Campbell</b>				4. DATE OF DEATH Month <b>February</b> Day <b>10</b> Year <b>1959</b>					
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>June 12 1893</b>		9. AGE (In years last birthday) <b>65</b> IF UNDER 1 YEAR: Months <b>---</b> Days <b>---</b> IF UNDER 24 HRS.: Hours <b>---</b> Min. <b>---</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>General Labor</b>		11. BIRTHPLACE (City and state or country) <b>Grundy Co., Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13a. FATHER'S NAME <b>John Campbell</b>			13b. MOTHER'S MAIDEN NAME <b>(Unknown) Gates</b>			14. NAME OF HUSBAND OR WIFE <b>Ethel Campbell (Dec'd)</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>			16. SOCIAL SECURITY NO. <b>499-16-4497</b>		17. INFORMANT <b>Albert Campbell, Gallatin, Mo.</b>			Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Lobar pneumonia</b>							INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Cerebral hemorrhage,</b>							<b>4 days</b>		
DUE TO (c) <b>acute alcoholism,</b>							<b>2 yrs</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>331X</b>							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 <b>---</b> Month <b>---</b> Day <b>---</b> Year <b>---</b> a.m. <b>---</b> p.m. <b>---</b>									
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 <b>June 1950</b> to <b>Febr 1959</b> and last saw her alive on <b>2-10-59</b> Death occurred at <b>11:25 A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>H. H. B. B. B.</i> (Degree or title)				22b. ADDRESS <b>Gallatin Mo</b>			22c. DATE SIGNED <b>2/15/59</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <b>2-12-1959</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Brown Cemetery</b>		23d. LOCATION (City, town, or county) <b>Gallatin, Mo.</b>			
24. FUNERAL DIRECTOR <i>H. O. Richardson</i> <b>Hope Funeral Home, Gallatin, Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>16 Febr. 1959</b>		26. REGISTRAR'S SIGNATURE <i>Trugum Englehart</i>				

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 *L. O. Erickson* .....

Licensed Embalmer No. *3302* .....

P. O. Address *Dullstov, Va.* .....

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.