Health, Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-008951
STATE FILE NUMBER

FILED APR 1 1959 Registration District No. 109 Primary Registration District No. 5424 Registrar's No. 13

1. PLACE OF DEATH
a. COUNTY Dunklin
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Rural-Union Twp. Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Campbell, Rte. 1 Length of stay in lb Life

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Dunklin
c. CITY OR TOWN Rural-Union Twp. 0350 C Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Campbell, Rte. 1 Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First MALVON Middle AUSTIN Last CAMPBELL

4. DATE OF DEATH Month Day Year MARCH 17, 1959

5. SEX Male C
6. COLOR OR RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH April 3, 1913
9. AGE (In years last birthday) 45 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, even if retired) Cook
10b. KIND OF BUSINESS OR INDUSTRY Malden Air Base
11. BIRTHPLACE (City and state or country) Campbell, Mo. Rte.1 C
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Martin A. Campbell
13b. MOTHER'S MAIDEN NAME Myrtle Bess
14. NAME OF HUSBAND OR WIFE Jettivee Campbell

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. 500-38-8201
17. INFORMANT Address Jettivee Campbell, Campbell, Mo. Rte.1

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Oclusion, — INTERVAL BETWEEN ONSET AND DEATH 3 months.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c) Coroner was called and Coroned me to fill Certificate
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ C

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 March 17-59 to March 17-59 and last saw her/him alive on Dead on arrival
Death occurred at 8 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) G. Carlstrom DC 2
22b. ADDRESS Malden Mo
22c. DATE SIGNED March 19/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Mar.23,1959
23c. NAME OF CEMETERY OR CREMATORY Elder Cemetery
23d. LOCATION (City, town, or county) (State) Campbell, Mo. Rte.2

24. FUNERAL DIRECTOR ADDRESS Landess Funeral Home, Campbell, Mo.
25. DATE RECD. BY LOCAL REG. 3-25-1959
26. REGISTRAR'S SIGNATURE Mrs Beulah Campbell

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

COUNTY FILE NUMBER .....

APR 3 1959

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 Christine M. Landess

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.