

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012279

STATE FILE NUMBER

FILED MAY 11 1959 Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 205

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1. PLACE OF DEATH a. COUNTY BOONE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE MISSOURI COUNTY ST. FRANCIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN COLUMBIA		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN LEADINGTON 0940 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR ELLIS FISHELL STATE INSTITUTION CANCER HOSPITAL		Length of stay in lb 4 DAYS	d. STREET ADDRESS (If outside, give location) NONE Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last EDITH FLORENCE CAMPBELL			4. DATE OF DEATH Month Day Year MAY 3 1959			
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH APRIL 26, 1900	9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months Days 7	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) LEADINGTON, MO. ST. FRANCIS	12. CITIZEN OF WHAT COUNTRY? UNITED STATES
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13a. FATHER'S NAME JAMES HART	13b. MOTHER'S MAIDEN NAME ELLEN DIX	14. NAME OF HUSBAND OR WIFE WILLIAM CAMPBELL
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. ---	17. INFORMANT Hospital Record Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Empyema		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 Months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Possible - metastasis of pneumonia	
	DUE TO (c) Carcinoma of vulva	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1760		19. WAS AUTOPSY PERFORMED? 2 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 COUNTY STATE
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21. I attended the deceased from **February, 1959** to **May 3, 1959** and last saw her alive on **May 3, 1959**
Death occurred at **7:35** **PM** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John V. Beckington MD	22b. ADDRESS Ellis Fischel State Cancer Hosp.	22c. DATE SIGNED 5-3-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6 MAY 59	23c. NAME OF CEMETERY OR CREMATORY WOOD LAWN CEMETERY	23d. LOCATION (City, town, or county) (State) LEADINGTON, MO
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24. FUNERAL DIRECTOR RAYMOND CALDWELL & SONS, FLAT RIVER, MO	25. DATE RECD. BY LOCAL REG. May 3 1959	26. REGISTRAR'S SIGNATURE Mrs R.E. Palmer
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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 *George S. Kramer*

Licensed Embalmer No. *4425*
P. O. Address *Calumet, Ill.*

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.