

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-021134

STATE FILE NUMBER

FILED JUL 13 1959 Registration District No. 382 Primary Registration District No. 5545 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>Howard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Chariton Township</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Glasgow</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>North edge Glasgow</u> Length of stay in 1b <u>5 yrs.</u>		d. STREET ADDRESS (If outside, give location) <u>North edge Glasgow</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Thomas Jefferson Campbell</u>		4. DATE OF DEATH Month Day Year <u>June 21, 1959</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept. 26, 1898</u>
9. AGE (In years last birthday) <u>60</u>	10. FUNDER 1 YEAR Months Days Hours Min.	11. BIRTHPLACE (City and state & country) <u>Saline Co. Missouri</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Gen. Farming</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John W. Campbell</u>	13b. MOTHER'S MAIDEN NAME <u>Eliza M. Baker</u>	14. NAME OF HUSBAND OR WIFE <u>Jennie May Campbell (Andrews)</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No.</u>	16. SOCIAL SECURITY NO. <u>498-22-9171</u>	17. INFORMANT Address <u>Mrs. T. J. Campbell, Glasgow, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Circulatory Failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Coronary Thrombosis</u> DUE TO (c) <u>arteriosclerosis &amp; diabetes</u>		INTERNAL BETWEEN ONSET AND DEATH <u>4201</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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 Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 _____ to _____ and last saw her/him alive on _____ Death occurred at <u>6:30 AM</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>J. P. ...</u> (Degree or title) <u>2</u>		22b. ADDRESS <u>Glasgow, Mo.</u>	22c. DATE SIGNED <u>6-22-59</u>
23a. BURIAL, CREMATION OR REMOVAL <u>Burial</u>	23b. DATE <u>June 23, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Dalton Cnty Dalton</u>	23d. LOCATION (City, town, or county) (State) <u>Missouri</u>
24. FUNERAL DIRECTOR <u>W. Daley - Fremont</u> ADDRESS <u>Glasgow, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>June 23, 1959</u>	26. REGISTRAR'S SIGNATURE <u>Walker ...</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

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

*E. H. Siermouth*

Licensed Embalmer No. *3978*

P. O. Address *Glasgow, 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.