

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-021985

FILED VS. MAY 3 1 1960

Registration District No. 224 Primary Registration District No. 6092 Registrar's No. 112 STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Caldwell	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marshall		c. CITY OR TOWN Braymer	
Length of stay in 1b 54 yrs.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Marshall State School & Hospital		d. STREET ADDRESS (If outside, give location) ----	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Ellen Middle --- Last Campbell			4. DATE OF DEATH Month May Day 25 Year 1960		
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5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-1-1884	9. AGE (last birthday) 76 yrs.	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	IF UNDER 24 HR Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Patient	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Salem, Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME James Campbell	13b. MOTHER'S MAIDEN NAME Ellen Smith	14. NAME OF HUSBAND OR WIFE ----
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Records Address Marshall State School, Marshall, Mo.
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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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Cerebral arteriosclerosis		1 year
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) General arteriosclerosis	10 years
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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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.)
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20c. TIME OF INJURY Hour 11:25 a.m. 11:25 p.m.	Month, Day, Year
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20d. INJURY OCCURRED WHILE AT WORK <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 **April 1, 1958** to **May 25, 1960** and last saw her/him alive on **5-25-1960**
Death occurred at **11:25** a. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE A. B. Day (Degree or title) M.D.	22b. ADDRESS Marshall State School & Hospital Marshall Mo.	22c. DATE SIGNED 5-25-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 5-26-1960	23c. NAME OF CEMETERY OR CREMATORY ANATOMICAL BOARD MEMORIAL HOSP.	23d. LOCATION (City, town, or county) (State) KIRKSVILLE, Mo
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24. FUNERAL DIRECTOR Sweeney-Reser Funeral Home Marshall ADDRESS	25. DATE RECD. BY LOCAL REG. 5-26-60	26. REGISTRAR'S SIGNATURE Carl G. Reed
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Jack M. Reese

Licensed Embalmer No. 4643
P. O. Address Marshall

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.