

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 21 1960

-60-046657

STATE FILE NUMBER

INDEXED

Registration District No. 165 Primary Registration District No. 4257 Registrar's No. 13

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <i>Johnson</i>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Leeton, Post Oak Township</i>		a. STATE <i>Missouri</i>		b. COUNTY <i>Johnson</i>	
Length of stay in lb <i>35 yrs.</i>		c. CITY OR TOWN <i>Leeton,</i>		d. STREET ADDRESS <i>Leeton, Mo.</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Residence, Leeton, Mo.</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS <i>Leeton, Mo.</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <i>HERSHEL</i>		Middle <i>COLEMAN</i>		Last <i>CAMPBELL</i>		Month Day Year <i>December 14th, 1960</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>5-23-1897</i>	9. AGE (last birthday) <i>63</i>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired Section Laborer,</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Rock Island R.R.</i>		11. BIRTHPLACE (City and state or country) <i>Morgan County, Missouri</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Huston Campbell</i>		13b. MOTHER'S MAIDEN NAME <i>Eliza Jane Palmers</i>		14. NAME OF HUSBAND OR WIFE <i>Sella Campbell</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>Yes W.W. No. I</i>		16. SOCIAL SECURITY NO. <i>708-14-7093</i>		17. INFORMANT Address <i>Mrs. Sella Campbell, Leeton, Missouri</i>			
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) <i>Circulatory Collapse</i>						<i>Instant</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Total Heart Failure</i>						<i>4 yrs.</i>	
DUE TO (c) <i>Rheumatic Heart Disease</i>						<i>20 yrs.</i>	
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 type="checkbox"/> No <input type="checkbox"/> Unknown	
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 a.m. p.m. Month, Day, Year		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	
21. I attended the deceased from <i>March 1957</i> to <i>14 Dec 1960</i> and last saw him alive on <i>12 Dec 1960</i> Death occurred at <i>11:00 P.M.</i> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>William J. Smith M.D.</i>				22b. ADDRESS <i>Windsor, Missouri</i>		22c. DATE SIGNED <i>12-16-60</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>12-17-1960</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Mineral Creek Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Leeton, Missouri</i>	
24. FUNERAL DIRECTOR ADDRESS <i>The Brauningers, Warrensburg, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>12/20/60</i>		26. REGISTRAR'S SIGNATURE <i>J. Cook</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 27 1960

STATEMENT BY LICENSED EMBALMER

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

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed RA Brauminger

Licensed Embalmer No. 337

P. O. Address Warrensburg

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to
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.