ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-035704
STATE FILE NUMBER

AMENDED

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 296

FILED OCT 23 1961

1. PLACE OF DEATH
a. COUNTY Adair
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville — Length of stay in 1b: yrs.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 102½ E Washington — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Adair
c. CITY OR TOWN Kirksville — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 102½ W Washington — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First EDITH Middle — Last CAMPBELL

4. DATE OF DEATH: Month October Day 12 Year 1961

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 3-16-1875
9. AGE (last birthday): 86
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): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (City and state or country): Chariton, Iowa
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: John Newton McClanahan
13b. MOTHER'S MAIDEN NAME: Amanda Stevens
14. NAME OF HUSBAND OR WIFE: M.D.Campbell(D)

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: Thelma Campbell, Address: Kirksville, Mo.

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) ACUTE MYOCARDIAL INFARCTION
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) CORONARY EMBOLUS
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
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 10-12-1961, to 10-12-1961 and last saw her ~~him~~ alive on 10-12-1961
Death occurred at 9:30 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE P. E. Theton (Degree or title) M.D.
22b. ADDRESS Kirksville, Mo.
22c. DATE SIGNED 10-14-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10-15-1961
23c. NAME OF CEMETERY OR CREMATORY: Maple Hills Cemetery
23d. LOCATION (City, town, or county) (State): Kirksville Mo.

24. FUNERAL DIRECTOR ADDRESS: Davis & Davis, Kirksville, Mo.
25. DATE RECD. BY LOCAL REG.: 10-16-61
26. REGISTRAR'S SIGNATURE: Doris W. Ratliff

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED — INSTEAD OF — DOCUMENT — SHOULD READ — BY AFFIDAVIT OF — ITEM NO.

P.E. Hinton, M.D.

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 Robert B. Davis

Licensed Embalmer No. 4219

P. O. Address Kirksville, 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.