

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-041929

AMENDED

Registration District No. 274 Primary Registration District No. 305V Registrar's No. 360 STATE FILE NUMBER

FILED DEC 6 1961

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>PETTIS</u>	a. STATE <u>MO.</u> b. COUNTY <u>BENTON</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>SEALIA</u>	Length of stay in 1b <u>8 DAYS</u>	c. CITY OR TOWN <u>MORA</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>BOTH WELL HOSPITAL</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>6 Miles EAST OF MORA</u>	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH	
First <u>WILLIAM</u>	Middle <u>ELMER</u>	Last <u>CAMPBELL</u>	Month <u>NOV.</u>	Day <u>28</u> Year <u>1961</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>3-6-1883</u>	9. AGE (last birthday) <u>78 YRS</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>	11. BIRTHPLACE (City and state or country) <u>MIAMI, MO.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>ANDREW CAMPBELL</u>		13b. MOTHER'S MAIDEN NAME <u>MARYE. WILLIAMSON</u>		14. NAME OF HUSBAND OR WIFE <u>DORAT. CAMPBELL</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		17. INFORMANT <u>DORAT. CAMPBELL</u> Address <u>MORA, MO. RT. 1</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) Medullary Paralysis

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebro Vascular Thrombosis

DUE TO (c) _____

INTERVAL BETWEEN ONSET AND DEATH HR'S

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Diabetes Mellitus -

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 Feb. 1961 to Nov. 1961 and last saw ^{her}him alive on Nov. 28, 1961

Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Arturo Gonzalez

22b. ADDRESS Cole Camp Mo.

22c. DATE SIGNED 11-30-61

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

23b. DATE DEC. 1, 1961

23c. NAME OF CEMETERY OR CREMATORY HIGHLAND MEMORIAL GARDENS

23d. LOCATION (City, town, or county) (State) PETTIS MO.

24. FUNERAL DIRECTOR CHARLES F. FOX ADDRESS COLE CAMP, MO.

25. DATE RECD. BY LOCAL REG. Nov 30 1961

26. REGISTRAR'S SIGNATURE Frances Shelby

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

HEAVY NO. SHOULD READ

DEC 19 1961

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 Charles J. Fox

Licensed Embalmer No. 4610

P. O. Address Pole Camp, T

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.