

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-006956

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 159 Primary Registration District No. 5591 Registrar's No. 47 STATE FILE NUMBER

FILED MAR 5 1962

1. PLACE OF DEATH
 a. COUNTY JEFFERSON
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN HILLSBORO Length of stay in 1b 5 YRS.
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION CASTLE ACRES N. HOME Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Mo. b. COUNTY JEFF.
 c. CITY OR TOWN DESOTO Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) BLOW ST. AT FLUCOM Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
DAVID ARTHUR CAMPFIELD FEB. 27 1962

5. SEX MALE 6. COLOR OR RACE WHITE 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 11/14/68 9. AGE (last birthday) 93 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) RET. MACHINIST 10b. KIND OF BUSINESS OR INDUSTRY Mo. PAC. R.R. Co. 11. BIRTHPLACE (City and state or country) MEADVILLE PA. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME DAVID B. CAMPFIELD 13b. MOTHER'S MAIDEN NAME FRANCES ROSENKRANZ 14. NAME OF HUSBAND OR WIFE NETTIE CAMPFIELD

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. NO 17. INFORMANT MILFORD CAMPFIELD Address DESOTO Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Generalized arterio-sclerosis INTERVAL BETWEEN ONSET AND DEATH years
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Benign hypertrophy prostate 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 June 1945 to Feb 27, 1962 and last saw ~~her~~ him alive on Feb 15, 62. Death occurred at 10:15A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Dr. V. J. Neff M.D. 22b. ADDRESS Desoto, Mo. 22c. DATE SIGNED Feb 28, 62

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE MAR. 1 1962 23c. NAME OF CEMETERY OR CREMATORY WOODLAWN CEM. 23d. LOCATION (City, town, or county) (State) DESOTO Mo.

24. FUNERAL DIRECTOR DIETRICH F. HOME ADDRESS DESOTO Mo. 25. DATE RECD. BY LOCAL REG. 3/1/62 26. REGISTRAR'S SIGNATURE Olta Rehman, Reg

AMENDED
 DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Donell B. Gentry

Licensed Embalmer No. 4104

P. O. Address Delato 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.