MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

62-014806
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0380
2 0380
3
4 0
5 2
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7 0
8 2
9 4200
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12 2-2
13 1-0

Registration District No. 120 Primary Registration District No. _____ Registrar's No. 47

FILED APR 25 1962

1. PLACE OF DEATH
a. COUNTY Gentry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Albany
Length of stay in 1b: 8 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Gentry County Memorial Hospital
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY GENTRY
c. CITY OR TOWN Albany
Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 708 S. Polk
Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First: LOGAN Middle: Last: CAMPBELL
4. DATE OF DEATH Month: April Day: 18 Year: 1962
5. SEX: M
6. COLOR OR RACE: W
7. Married [ ] Never Married [ ] Widowed [X] Divorced [ ]
8. DATE OF BIRTH: 7/31/1874
9. AGE (last birthday): 87
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): farming
10b. KIND OF BUSINESS OR INDUSTRY: agriculture
11. BIRTHPLACE (City and state or country): Gentry Co., Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.
13a. FATHER'S NAME: Baxter Campbell
13b. MOTHER'S MAIDEN NAME: Milteda (unknown)
14. NAME OF HUSBAND OR WIFE: Lillie Austin Campbell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Mr. Lee Campbell Address: Albany, 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) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) A S H D — 6 mos
DUE TO (c) Uremia — 2 wks.
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 [X]
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 4-10-62 to 4-18-62 and last saw him alive on 4-18-62
Death occurred at 3:30 P m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title) C. I. Pray, D.O.
22b. ADDRESS Albany, Mo.
22c. DATE SIGNED 4-21-62
23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: April 21, 1962
23c. NAME OF CEMETERY OR CREMATORY: Lone Star
23d. LOCATION (City, town, or county) (State): Lone Star, Missouri
24. FUNERAL DIRECTOR: Brooks-Cochell Funeral Home ADDRESS: Albany, Mo.
25. DATE RECD. BY LOCAL REG.: 4-21-62
26. REGISTRAR'S SIGNATURE: Mrs. L. W. Bare

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

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 me, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Donald E. Coahell

Signature of Student Embalmer

Licensed Embalmer No. 4868

P. O. Address Albany, 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.