MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-025417

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1835

FILED JUL 2 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	4000		
2	0361		
3			
4	1		
5	0		
6			
7	0		
8	2		
9	9298		
10	42		
11	400		
12	91-3		
13			

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: St Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Pacific — Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: east city limits — Inside Limits: Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo b. COUNTY: Franklin
c. CITY OR TOWN: Pacific — Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location): 121 Congress St. — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Karen Middle: Kay Last: Campbell
4. DATE OF DEATH: Month: June Day: 18 Year: 1962
5. SEX: F
6. COLOR OR RACE: W
7. Married ☐ Never Married X Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Mar 26 1948
9. AGE (last birthday): 14 — 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): pupil - Pacific School
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and state or country): Pacific Mo
12. CITIZEN OF WHAT COUNTRY: U.S.
13a. FATHER'S NAME: Wm Campbell
13b. MOTHER'S MAIDEN NAME: Dolores Curry
14. NAME OF HUSBAND OR WIFE: none
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Shirley Wade, Address: Pacific 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): Asphyxia due to drowning
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b):
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 X
20a. ACCIDENT X SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): Drowning
20c. TIME OF INJURY: 3:30 Hour: p.m. Month, Day, Year: 6/18/62
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK X
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Meramec River
20f. CITY, TOWN, OR LOCATION: Pacific COUNTY: St. Louis STATE: Missouri

21. I attended the deceased from ____, to ____ and last saw her/him alive on ____
Death occurred at ____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Raymond Harris (Degree or title): Coroner
22b. ADDRESS: Clayton, Missouri
22c. DATE SIGNED: 6/25/62

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 6-21-62
23c. NAME OF CEMETERY OR CREMATORY: Pacific
23d. LOCATION (City, town, or county): Pacific (State): Mo.

24. FUNERAL DIRECTOR: Mrs. John L. Theden ADDRESS: Pacific Mo
25. DATE RECD. BY LOCAL REG.: 6-20-62
26. REGISTRAR'S SIGNATURE: John C. Mueffling M.D.

(Licensed Embalmer's Statement on Reverse Side)

JUL 5 1962

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 Ralph Oltmann

Licensed Embalmer No. 4808

P. O. Address Union, 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.