

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-027975

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 231 Primary Registration District No. _____ Registrar's No. 183

STATE FILE NUMBER

FILED JUL 30 1962

VS 300
Rev. 4/59

1 0740

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Elmo		Length of stay in lb 15 Yr	c. CITY OR TOWN Elmo Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION N E Corner of Elmo		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> XX
3. NAME OF DECEASED (Type or print) Harland First Agusta Middle Campbell Last			4. DATE OF DEATH July-21 - 1962 Month Day Year
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH March-24 1889
9. AGE (last birthday) 73		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Quitman, Missouri
12. CITIZEN OF WHAT COUNTRY U S		13a. FATHER'S NAME James H Campbell	
13b. MOTHER'S MAIDEN NAME Lydia Dalbey		14. NAME OF HUSBAND OR WIFE Kathryn Campbell	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) Yes World War I		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs Leonard Davey		Address Sheanandoah, Iowa	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Asystole or Ventricular Fibrillation due to thrombosis of coronary syst m. DUE TO (b) Coronary Arteriosclerosis and Arteriosclerotic Heart Disease with Auricular Fibrillation and DUE TO (c) healed Anterior Myocardial Infarction. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH few minutes. Sev. yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Pulmonary fibrosis. Cirrhosis of liver, generalized arteriosclerosis.			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
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 January 7, 1962 to July 21, 1962. and last saw him alive on July 20, 1962 Death occurred at 8:15 A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Manville Ford</i> (Deceased or title) D.O.		22b. ADDRESS Elmo, Missouri	22c. DATE SIGNED Jul 21, 62
23a. BURLIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE July-23-1962	23c. NAME OF CEMETERY OR CREMATORY Forest Lawn	23d. LOCATION (City, town, or county) (State) Omaha, Nebraska
24. FUNERAL DIRECTOR Scott Tucker ADDRESS Westboro, Missouri		25. DATE RECD. BY LOCAL REG. 7-23 62	26. REGISTRAR'S SIGNATURE <i>Beno Kult</i>

USE BLACK INK OR TYPEWRITER RIBBON

AUG 17 1962

AUG 30 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 Ashley R Tucker II, Student Embalmer No. _____, working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ashley R Tucker

Licensed Embalmer No. 4757

P. O. Address Westboro, Missouri

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.