

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-003301

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 190

FILED JAN 16 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN		c. CITY OR TOWN	
Length of stay in 1b		Inside Limits	
3. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS	
Hamilton Nursing Home		956 Hamilton Ave. Hamilton Nursing Home	
Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH
First Middle Last Maidy S Campbell			Month Day Year January 6, 1963
5. SEX	6. COLOR OR RACE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH
female	white		9. AGE (last birthday) 1-4-1884 79
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country)
At Home		housewife	St. Louis Missouri
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE
D. Inde. Neudorf		Minnie S. Cooper	H. Lyle Campbell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates)		16. SOCIAL SECURITY NO.	17. INFORMANT
no none			Rumson, New Jersey Mr. Rob. F. Campbell #2 Grant Ave.
18. CAUSE OF DEATH (Enter only one cause if possible) PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <i>Bronchopneumonia</i>			
DUE TO (b) <i>Senility</i>			
DUE TO (c) <i>Generalized atherosclerosis</i>			
PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
4500			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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.	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 <u>6-7-56</u> to <u>1-6-63</u> and last saw her alive on <u>1-5-63</u>			
22a. SIGNATURE (Degree or title) <i>Dorman Bailey M.D.</i>			
22b. ADDRESS <i>6356 Clanton Rd. St. Louis 17 Mo</i>		22c. DATE SIGNED <i>1-7-63</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
Burial	Jan-6-1963	Bellefontaine Cemetery	St. Louis Missouri
24. FUNERAL DIRECTOR ADDRESS		25. DATE RECD. BY LOCAL REG.	
Lupton Chapel Inc. 7233 Delmar Blv'd.		JAN 8 1963	
26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>			

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Lupton Chapel Inc. 7233 Delmar Blv'd. JAN 8 1963

DR. BRILEY  
DRENNAN  
MORTUARY BLD'G.  
ST. 3 - 6646

2:00 TO 4:00 P.M. Mon  
City Line  
Mrs. Maddy S. Campbell

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 Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis, 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.