

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-005094

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED FILED

Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 25

VS 300 Rev. 4/59

10055
20055

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USE BLACK INK OR TYPEWRITER RIBBON

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 <i>Barry</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>Barry</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Monett</i>		Length of stay in 1b <i>years</i>	c. CITY OR TOWN <i>Monett</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>at Home</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>607 - Sixth St</i>
3. NAME OF DECEASED (Type or print) First <i>Earl</i> Middle <i>J.</i> Last <i>Campbell</i>		4. DATE OF DEATH Month <i>Feb</i> Day <i>18</i> Year <i>1963</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>12/12/1892</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <i>70</i>
11a. FATHER'S NAME <i>Bud Campbell</i>		11b. MOTHER'S MAIDEN NAME <i>Lucinda Ferguson</i>	12. CITIZEN OF WHAT COUNTRY <i>U. S. A.</i>
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <i>Yes World War I</i>		14. NAME OF HUSBAND OR WIFE <i>Gladys Campbell (Dec'd)</i>	
15. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:		17. INFORMANT <i>Mrs Dorothy Hyatt Monett Mo.</i>	
IMMEDIATE CAUSE (a) <i>Probably Myocardial Infarction</i>		INTERVAL BETWEEN ONSET AND DEATH <i>seconds</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)	
DUE TO (c)		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	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Unknown</i>		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 checked="" 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 16.)	
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 <i>saw him only once</i> and last saw her <i>he was dead when I arrived</i>		Death occurred at <i>About 9:30 A</i> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>[Signature]</i> (Degree or title) <i>M.D.</i>		22b. ADDRESS <i>315 1/2 Broadway Monett, Mo.</i>	22c. DATE SIGNED <i>2/19/63</i>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>Feb 21 1963</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Mt. Pleasant Cemetery S.W. of Purdy Mo</i>	23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR <i>Bennett-Warrington Monett Mo</i>	25. DATE RECD. BY LOCAL REG. <i>2-21-63</i>	26. REGISTRAR'S SIGNATURE <i>Mrs. P.N. Cook</i>	

(Licensed Embalmer's Statement on Reverse Side)

MAR 1 1963

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 J. G. Bennett

Licensed Embalmer No. 4213

P. O. Address Monett, 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.