

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-015200

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 53

Primary Registration District No. 0000

Registrar's No. 202

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

0160

201602

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1290-0

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

FILED APR 16 1963						
<p>1. PLACE OF DEATH</p> <p>a. COUNTY <u>Cape Girardeau</u></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cape Girardeau</u> Length of stay in: <u>69 yr</u></p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Family Home</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <u>Missouri</u> COUNTY <u>Cape</u></p> <p>c. CITY OR TOWN <u>Cape Girardeau</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) <u>Highway 61 N</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>					
<p>3. NAME OF DECEASED First Middle Last <u>Silas E Campbell</u> 4. DATE OF DEATH Month Day Year <u>April 10 1963</u></p>						
<p>5. SEX <u>Male</u></p>	<p>6. COLOR OR RACE <u>White</u></p>	<p>7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH <u>6-29-1892</u></p>	<p>9. AGE (last birthday) <u>69</u></p>	<p>IF UNDER 1 YEAR Months <u>9</u> Days <u>11</u></p>	<p>IF UNDER 24 HR Hours <u></u> Min. <u></u></p>
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mechanic</u></p>		<p>10b. KIND OF BUSINESS OR INDUSTRY <u>Mechanic</u></p>		<p>11. BIRTHPLACE (City and state or country) <u>Cape Girardeau Mo.</u></p>		<p>12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u></p>
<p>13a. FATHER'S NAME <u>Charles Campbell</u></p>			<p>13b. MOTHER'S MAIDEN NAME <u>Martha English</u></p>		<p>14. NAME OF HUSBAND OR WIFE <u>Gusta Campbell</u></p>	
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>yes</u> (If yes, give war or dates of serv) <u>W.W.I</u></p>			<p>16. SOCIAL SECURITY NO. <u></u></p>		<p>17. INFORMANT Address <u>Mrs Gusta Campbell Cape Gir Mo.</u></p>	
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) <u>acute Coronary thrombosis Immediate</u></p> <p style="text-align: center;">DUE TO (b) <u>arteriosclerotic Heart Disease</u> INTERVAL BETWEEN ONSET AND DEATH <u>6 years</u></p> <p style="text-align: center;">DUE TO (c) <u></u></p> <p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p> <p>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</p>						
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>	<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>	<p>20b. DESCRIBE HOW INJURY OCCURRED: (Enter nature of injury in PART I or PART II of item 18.)</p>				
<p>20c. TIME OF INJURY Hour .Month, Day, Year a.m. p.m.</p>		<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/></p>				
<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>		<p>20f. CITY, TOWN, OR LOCATION</p>		<p>COUNTY</p>	<p>STATE</p>	
<p>21. I attended the deceased from <u>1957 9/30</u> to <u>April 10, 1963</u> and last saw him alive on <u>April 1, 1963</u>. Death occurred at <u></u> m on the date stated above, and to the best of my knowledge, from the causes stated.</p>						
<p>22a. SIGNATURE (Degree or title) <u>Gerald M. Howarth M.D.</u></p>			<p>22b. ADDRESS <u>24 N. Sprigg Cape Girardeau Mo.</u></p>		<p>22c. DATE SIGNED <u>4/12/63</u></p>	
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u></p>		<p>23b. DATE <u>4-14-1963</u></p>	<p>23c. NAME OF CEMETERY OR CREMATOR <u>Lorimier</u></p>		<p>23d. LOCATION (City, town, or county) (State) <u>Cape Girardeau Mo.</u></p>	
<p>24. FUNERAL DIRECTOR ADDRESS <u>Brinkopf Howell Cape Gir Mo.</u></p>			<p>25. DATE RECD. BY LOCAL REG. <u>4-12-63</u></p>	<p>26. REGISTRAR'S SIGNATURE <u>Jimm Kasten</u></p>		

APR 19 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 Neil H. Grosshender

Licensed Embalmer No. 4994

P. O. Address Cape Girardeau, 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.

TAKEN TO DR. MAXWORTH 4-11-63