

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3948

State File No. ....

FILED MAR 7 1955

BIRTH NO. 7307-55 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 242

1. PLACE OF DEATH

a. COUNTY Buchanan

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph

c. LENGTH OF STAY (in this place) 3 days

d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE Missouri b. COUNTY DeKalb

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Amity 0320

d. STREET ADDRESS (If rural, give location) 1

3. NAME OF DECEASED

a. (First) ALICE b. (Middle) DIANE c. (Last) CAMPBELL

4. DATE OF DEATH (Month) (Day) (Year) Mar. 1 1955

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Child

8. DATE OF BIRTH Feb. 25, 1955 9. AGE (In years last birthday) 0 4 4 4 4

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maysville Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Cleo B. Campbell 13b. MOTHER'S MAIDEN NAME Doris Jean Hickman 14. NAME OF HUSBAND OR WIFE

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'S SIGNATURE OR NAME Cleo B. Campbell ADDRESS Amity Mo.

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

\*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) atherosclerosis

INTERVAL BETWEEN ONSET AND DEATH life

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) X

DUE TO (c) X

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 7620

20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from Feb. 26, 1955, to Mar. 1, 1955, that I last saw the deceased alive on Mar. 1, 1955, and that death occurred at 1:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE H. W. Wacker M.D. (Degree or title)

23b. ADDRESS Kirkpatrick Bldg., St. Joseph, Mo.

23c. DATE SIGNED 3-1-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 3/2-55

24c. NAME OF CEMETERY OR CREMATORY Amity 4 R. 5

24d. LOCATION (City, town, or county) (State) Amity Missouri

DATE REC'D BY LOCAL REG. March 3, 1955

REGISTRAR'S SIGNATURE Kathleen M. Allison

25. FUNERAL DIRECTOR'S SIGNATURE Pilcher Funeral Home ADDRESS Maysville Mo.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

  
C. T. Pilcher

Licensed Embalmer No..... 3960

Signed.....  
Student Embalmer

P. O. Address..... Maysville 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 this body is not embalmed, fact should be so stated above.