

FILED FEB 14 1944

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3810

Registration District No. 254

Primary Registration District No. 4385

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Oregon  
(b) City or town Koshkonong  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 37 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon  
(c) City or town Koshkonong  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Eugene Byron Campbell

3. (b) If veteran, name war -- 3. (c) Social Security No. --

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Viola A. Dunigan 6. (c) Age of husband or wife if alive 41 years  
7. Birth date of deceased April 27 1904  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>39</u>	<u>8</u>	<u>11</u>	hr. _____ min.

9. Birthplace Oregon County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name O. S. Campbell  
13. Birthplace Randolph Arkansas  
(City, town, or county) (State or foreign country)  
14. Maiden name Pearl George  
15. Birthplace Graves County Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Aubrey Campbell  
(b) Address Thayer, Mo.

17. (a) Burial (b) Date thereof 1/10/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Koshkonong Cem.

18. (a) Signature of funeral director Geo. Barr

(b) Address Thayer, Mo.

19. (a) 2-5-44 (b) Jack Williams  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 8  
year 1944 hour 12 minute 40 A.M.

21. I hereby certify that I attended the deceased from Jan 7  
1944 to Jan 8 1944  
that I last saw him ~~alive~~ alive on Jan 8 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage  
Due to Hypertensive Heart Disease

Due to \_\_\_\_\_  
Other conditions 93d  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury MD

23. Signature Jack Williams (M. D. or other) MD  
Address Thayer, Mo. Date signed 2-2-44

RECEIVED

District Health Officer No. 8

District File Number: 244143

Date Filed 2-10-44

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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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.