S. No. 2
M—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 17 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 5862

Registration District No. 299 Primary Registration District No. ~~600~~ 4437 Registrar's No. 520

1. PLACE OF DEATH:
(a) County Randolph
(b) City or town Cairo (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community Entire life years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Randolph
(c) City or town Cairo (If outside city or town limits, write "RURAL")
(d) Street No. None (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME EVERETT EDWARD CAMPBELL
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Rose Campbell
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased Feb-16-1864 (Month) (Day) (Year)

8. AGE: Years 83 Months 11 Days 23 If less than one day hr. min.

9. Birthplace Randolph Co (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Retired Farmer
11. Industry or business
FATHER
12. Name Bennett C. Campbell
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary E. Orr
15. Birthplace Pike Co (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Mrs Lizzie Sears
(b) Address Cairo Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb-10-48 (Month) (Day) (Year)
(c) Place: burial or cremation Grand Prairie
18. (a) Signature of funeral director Snow Funeral Home
(b) Address Moberly Mo.
19. (a) Feb 10-48 (Date received local registrar) (b) Leigh Williams Lowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 8th year 1948 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from 14 April 1946, to 8 Feb 1948, that I last saw him alive on 8 Feb 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary occlusion	
Due to Hypertension	
Due to Arteriosclerosis	
Other conditions Senile Dementia (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

94 A

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury 2

23. Signature John S Haydock (M. D. or other) D.O.
Address Cairo Mo Date signed 9 Feb 48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

MAR 17 1948

RECEIVED
District Health Officer No. 10
District File Number 2-48-323
Date Filed FEB 16 1948

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 C. L. Hutton, Registered Apprentice No. 10, working under my personal supervision.

Signed R. M. Cater

Licensed Embalmer No. 4117

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