—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 20 1948

MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39971

Registration District No. 771 | Primary Registration District No. 5551 | Registrar's No. 55

1. PLACE OF DEATH:
(a) County: HOWELL
(b) City or town: -RESIDENCE- (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rural Howell twp (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: No. (Specify whether years, months or days)
In this community: ALL OF LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: HOWELL
(c) City or town: "RURAL" HOWELL TWP. (If outside city or town limits, write "RURAL")
(d) Street No.: WEST PLAINS, MO., ROUTE 2. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: JOHN CALVIN 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: Single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: JUNE (Month) 30, (Day) 1870 (Year)

8. AGE: Years 78 | Months 5 | Days 0 | If less than one day hr. min.

9. Birthplace: HOWELL COUNTY, MO. (City, town, or county) (State or foreign country)

10. Usual occupation: NONE

11. Industry or business:

FATHER
12. Name: WM. H. CAMPBELL
13. Birthplace: UNKNOWN (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: LOUISA ELLEN BARNES
15. Birthplace: IND. (City, town, or county) (State or foreign country)

16. (a) Informant: MRS. MAUDE HUDDLESTON
(b) Address: WEST PLAINS, MO., ROUTE 2

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: DEC. 2, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: HOWELL VALLEY CEM. HOWELL TWP. HOWELL CO.

18. (a) Signature of funeral director: Hal Bromberger
(b) Address: WEST PLAINS, MO.

19. (a) Dec 9-1948 (Date received local registrar) (b) Beatrice Cook (Registrar's signature) 279

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOVEMBER day 30, year 1948 hour 8: minute 40 P. M.

21. I hereby certify that I attended the deceased from July 20 1948 to Nov 30 1948 that I last saw him alive on Nov. 28 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Edema following Cardio-Vascular-Renal Disease with Mitral Insufficiency

Due to:

Due to:

Other conditions (Include pregnancy within 3 months of death):

Major findings:
Of operations:
Of autopsy:

Duration

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:

23. Signature: [illegible] (M. D. or other)
Address: West Plains, Mo. Date signed: 2 Dec 48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 12-14-48
District Health Officer No. 5,
District File Number 12487B3
12-15-48
Date Filed

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 Hal Thoroughgood

Licensed Embalmer No. 3408

P. O. Address West Plains, M

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.