

FILED APR 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8227

BIRTH NO. _____		REG. DIST. NO. 144		PRIMARY REG. DIST. NO. 4234		Registrar's No. 13	
1. PLACE OF DEATH a. COUNTY Iron				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Michigan b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ironton		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Detroit		20	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital				d. STREET ADDRESS (If rural, give location) 7610 Hayden 2			
3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Freeman c. (Last) Campbell			4. DATE OF DEATH (Month) (Day) (Year) Mar 27 49				
5. SEX male		6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 7-31-1916		9. AGE (In years last birthday) 32	IF UNDER 1 YEAR Months 7 Days 26
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) mechanic		10b. KIND OF BUSINESS OR INDUSTRY Automobile		11. BIRTHPLACE (State or foreign country) Senath Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME James H. Campbell		13b. MOTHER'S MAIDEN NAME Marie Pierson		14. NAME OF HUSBAND OR WIFE Mildred Campbell			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS J.H. Campbell, Bismarck 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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Traumatic Shock ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Crushed chest DUE TO (c) Fractured ribs! II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 2 2						INTERVAL BETWEEN ONSET AND DEATH 8-26-49 3-26-49 3-26-49
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 8 32				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) highway		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Fredericktown Madison Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 3-26-49 9:30 A.M.		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Truck turned over		62	
22. I hereby certify that I attended the deceased from 3-26 1949, to 3-27 1949, that I last saw the deceased alive on 3-26 1949, and that death occurred at 12:53 A.M. from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) R. E. Hurland, M.D.				23b. ADDRESS 118 N. Main St. Ironton, Mo.		23c. DATE SIGNED 3-28-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-29-49	24c. NAME OF CEMETERY OR CREMATORY Cove		24d. LOCATION (City, town, or county) (State) Ironton Iron Mo.		
DATE REC'D BY LOCAL REG. Mar 29-49		REGISTRAR'S SIGNATURE Mrs. Aris _____		128		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS White Funeral Home	

MAY 5 1949

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RECEIVED

Commission Officer No. 4

449-4
4-4-49

MAR 10 1950

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.

Signed *Emilio D. D'Amico*

Signed _____
Student Embalmer

Licensed Embalmer, No. 3012

P. O. Address *Emilio D'Amico*

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.