

FILED MAY 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14523

State File No.

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 6093 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall, Twp. Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall Twp. Rural</u>	
c. LENGTH OF STAY (In this place) <u>2 Yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>R.F.D. Two miles N. Marshall</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Irene</u> b. (Middle) <u>Amanda Price-</u> c. (Last) <u>Campbell</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 3 1949</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May 31/1857</u>
9. AGE (In years last birthday) <u>91</u>	10. MONTHS <u>11</u>	11. DAYS <u>2</u>	12. HOURS <u></u> MIN. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home work</u>	11. BIRTHPLACE (State or foreign country) <u>Farmville, Virginia /</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Thomas W. Price</u>	
13b. MOTHER'S MAIDEN NAME <u>Amanda Coleman</u>		14. NAME OF HUSBAND OR WIFE <u>C.C. Campbell</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Robert H. Price-Marshall, Missouri</u>
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) <u>arterial sclerosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>3yo</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4500</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Nov 1, 1948</u> to <u>May 3, 1949</u> , that I last saw the deceased alive on <u>May 2, 1949</u> and that death occurred at <u>7 PM</u> from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>[Signature]</u>		23b. ADDRESS <u>[Address]</u>	23c. DATE SIGNED <u>5/3/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5/5/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Int. Carmel</u>	24d. LOCATION (City, town, or county) (State) <u>North of Marshall, Miss.</u>
DATE REC'D BY LOCAL REG. <u>May 4-1949</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	385	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature]</u>

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

MAY 9 REC'D

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 5-10-49

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.

Student _____
Student Embalmer

Signed J. Leslie Surrency

Licensed Embalmer No. 32351

P. O. Address Marshall

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.