

FILED JUL 5 1949

STANDARD CERTIFICATE OF DEATH

State File No. 18723

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 5126 Registrar's No. 723

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Crawford Towns.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Crawford Township	
c. LENGTH OF STAY (in this place) life		d. STREET ADDRESS (If rural, give location) 2 1/2 Mi. S. E. of Faucett Mo.	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 2 1/2 Mi. S. E. Of Faucett Mo		d. STREET ADDRESS (If rural, give location) 2 1/2 Mi. S. E. of Faucett Mo.	

3. NAME OF DECEASED (Type or Print) a. (First) William	b. (Middle) T.	c. (Last) Campbell	4. DATE OF DEATH (Month) (Day) (Year) June 25 1949
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED married	8. DATE OF BIRTH Nov. 13, 1883	9. AGE (In years last birthday) 65	10 UNDER 12 HRS. 7	11 UNDER 12 HRS. 12
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (State or foreign country) Faucett Mo.	12. CITIZEN OF WHAT COUNTRY'S U.S.
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13a. FATHER'S NAME Hezekial Campbell	13b. MOTHER'S MAIDEN NAME Lurena Flowers	14. NAME OF HUSBAND OR WIFE Essie Campbell
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give year or dates of service) None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Essie Campbell RR#1 Faucett
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Bowel		INTERVAL BETWEEN ONSET AND DEATH # 1 Y
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) None		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION No Operation	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from June 1st, 1949, to June 24th, 1949, that I last saw the deceased alive on June 7th, 1949, and that death occurred at 7:30A m., from the causes and on the date stated above.

23. SIGNATURE B. W. Tadlock M.D.	(Degree or title)	23b. ADDRESS St. Joseph, Mo. King Hill Bldg.	23c. DATE SIGNED 6/26 '49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 28, 1949	24c. NAME OF CEMETERY OR CREMATORY Faucett Mo. Cemetery	24d. LOCATION (City, town, or county) (State) Faucett Mo.
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DATE REC'D BY LOCAL REG. June 30, 1949	REGISTRAR'S SIGNATURE E. L. Jenkins 382	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Victor Bowman Funeral 319 S 10th St. Joseph Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. B. W. Tallent

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 *Eugene Wood*.....

Licensed Embalmer No. *3804*

P. O. Address *319 So 10th, St. Joseph, 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.