

FILED JUN 27 1949

STANDARD CERTIFICATE OF DEATH

State File No. 18959

BIRTH NO. _____ REG. DIST. NO. 75 PRIMARY REG. DIST. NO. 3015 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY <u>Clinton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clinton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cameron</u> c. LENGTH OF STAY (In this place) <u>10 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cameron</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) <u>Ethel S. Campbell</u>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>6 14 1949</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Apr. 14, 1890</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR	IF UNDER 10 HRS.	IF UNDER 10 MIN.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Clinton Co. Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>James A. Breckenridge</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Audrey</u>	14. NAME OF HUSBAND OR WIFE <u>Alonzo Campbell</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Alonzo Campbell</u>	ADDRESS
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of left Breast</u> <u>Hypertensive Heart Disease</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) _____		<u>7 yrs</u> <u>10 yrs</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>170X</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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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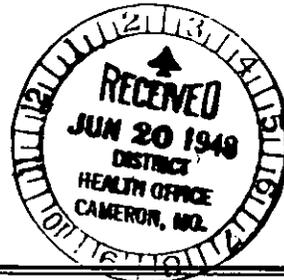
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 1946, 1946, to _____, 19____, that I last saw the deceased alive on 6-14, 1949, and that death occurred at 6 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Two Kenies M.D.</u>	23b. ADDRESS <u>Cameron, Mo</u>	23c. DATE SIGNED <u>6-14-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-16-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Stewartsville</u>	24d. LOCATION (City, town, or county) (State) <u>Stewartsville Mo</u>
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DATE REC'D BY LOCAL REG. <u>6-17-49</u>	REGISTRAR'S SIGNATURE <u>Winifred W. Moser</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. E. Summerfield</u>
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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

W.E. Summerfield

Licensed Embalmer No. *3007*

P. O. Address

Stewartville 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.