

FILED JUL 29 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

*Campbell*  
24309  
State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 245

1. PLACE OF DEATH a. COUNTY <b>Pettis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Pettis</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Sedalia</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Sedalia</b>	
c. LENGTH OF STAY (In this place) <b>10 years</b>		d. STREET ADDRESS (If rural, give location) <b>810 East 15th</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>810 East 15th</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>VILINDA</b>		b. (Middle) _____	
c. (Last) <b>HAYS</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July 20, 1949</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Jan. 8, 1862</b>
9. AGE (In years last birthday) <b>87</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <b>Galesburg, Illinois</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>George Stodgell</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Kemp</b>	
14. NAME OF HUSBAND OR WIFE <b>James D. Hays</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Ola Woods</b>		ADDRESS <b>Sedalia, Missouri</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac embolism</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Sudden</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Severe hip injury June 29, 1949</b>		39040	
DUE TO (c) <b>Extreme age</b>		21	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Mentally unwell</b>		8:45 PM	
19a. DATE OF OPERATION _____		20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19b. MAJOR FINDINGS OF OPERATION _____			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accidental</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home June 29, 1949</b>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Sedalia Pettis Mo</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>Fallen from</b>		132'	
22. I hereby certify that I attended the deceased from <b>June 29, 1949</b> to <b>July 20, 1949</b> , that I last saw the deceased alive on <b>July 15, 1949</b> and that death occurred at <b>4:45 p.m.</b> from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>A. Campbell, M.D.</b>		23b. ADDRESS <b>Sedalia, Mo.</b>	
23c. DATE SIGNED <b>7-22-49</b>			
24a. BURIAL, CREMATION REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>July 22, 1949</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Syracuse Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Syracuse, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>7-22-49</b>		REGISTRAR'S SIGNATURE <b>251 Betty Yeager Deputy</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>W. H. ...</b>		ADDRESS <b>Sedalia, Mo.</b>	

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

RECEIVED

JUL 25

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 7-27-49

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.

Signed Frank S. Coffman Jr

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4559

P. O. Address Sedalia, 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.