

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25926

State File No.

BIRTH NO. REG. DIST. NO. 374 PRIMARY REG. DIST. NO. 6275 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <u>Worth</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Worth</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Smith Township</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Smith Township</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>Grant City, Mo.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Martha</u>	b. (Middle) <u>Alice Campbell</u>	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>7 23 1949</u>
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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>February 9, 1868</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>14</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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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 <u>housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Allendale, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Eli Roach</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Gable</u>	14. NAME OF HUSBAND OR WIFE <u>Willard 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) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Opal Weddle</u>	ADDRESS <u>Grant City, Mo.</u>
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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 <u>3 days</u> <u>10 yrs</u> <u>4 or 1</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Occlusion</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Arteriosclerosis</u> DUE TO (c) <u></u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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) 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 July 23, 1949, to July 23, 1949; that I last saw the deceased alive on July 23, 1949, and that death occurred at 4 p. m., from the causes and on the date stated above.

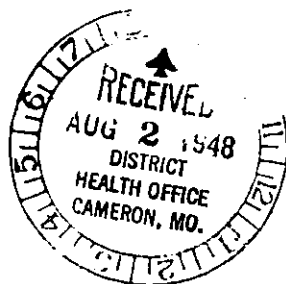
23a. SIGNATURE <u>Frank B. Madison M.D.</u>	(Degree or title)	23b. ADDRESS <u>Grant City, Mo.</u>	23c. DATE SIGNED <u>7/25/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>7-25-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Kirk Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Allendale, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>July 28 1949</u>	REGISTRAR'S SIGNATURE <u>John E. Dawson</u>	345	25. FUNERAL DIRECTOR'S SIGNATURE <u>Arch C. Dunfee</u>	ADDRESS <u>Grant City, Mo.</u>
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(Licensed Embalmers' Statement on Reverse Side)

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



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

John C. Dwyer

Licensed Embalmer No. 3252

P. O. Address Leant city, 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.