

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 2 1949

State File No. 26394

BIRTH NO.		REG. DIST. NO. 62		PRIMARY REG. DIST. NO. 4108		Registrar's No. 23	
1. PLACE OF DEATH a. COUNTY CEDAR				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY CEDAR			
b. CITY (If outside corporate limits, write RURAL and give township) STOCKTON		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) STOCKTON			
d. FULL NAME OF HOSPITAL OR INSTITUTION DAVIS ST.				d. STREET ADDRESS (If rural, give location) DAVIS ST.			
3. NAME OF DECEASED (Type or Print) a. (First) GEORGE		b. (Middle) SHERMAN		c. (Last) CAMPBELL		4. DATE OF DEATH (Month) (Day) (Year) AUG. 1, 1949	
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED; WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH APRIL 25, 1886	
9. AGE (In years last birthday) 63		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		11. BIRTHPLACE (State or foreign country) CEDAR COUNTY, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME JAMES M. CAMPBELL		13b. MOTHER'S MAIDEN NAME PARLEE DIXON		14. NAME OF HUSBAND OR WIFE OLA CAMPBELL			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Bernard Campbell, Lee Summit Mo.			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Hypertension DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH hrs 4207	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES ☐ NO ☒	
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 ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 4:30, 1942, to 8-1-, 1949, that I last saw the deceased alive on 7-31-, 1949, and that death occurred at 4:14 m., from the causes and on the date stated above.							
23a. SIGNATURE Wm. B. Richter		(Degree or title) M.D.		23b. ADDRESS Stockton Mo.		23c. DATE SIGNED 8-1-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 8-3-1949		24c. NAME OF CEMETERY OR CREMATORY STOCKTON		24d. LOCATION (City, town, or county) (State) STOCKTON, MO.	
DATE REC'D BY LOCAL REG. 8-27-1949		REGISTRAR'S SIGNATURE Geneva Garrison		54 FURNAL DIRECTOR'S SIGNATURE John R. Cantlon		ADDRESS Stockton Mo.	

(Licensed Embalmers' Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 71

District File Number 7-49-1046

Date Filed 8-31-49

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 _____
Student Embalmer

Signed

Licensed Embalmer No. 4387

P. O. Address Stockton, M.

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.