

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **29814**  
Registrar's No. **24**

FILED SEP 21 1949

BIRTH NO.		REG. DIST. NO. <b>109</b>	PRIMARY REG. DIST. NO. <b>4180</b>	Registrar's No. <b>24</b>	
1. PLACE OF DEATH a. COUNTY <b>Dunklin</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Dunklin</b>		
b. CITY OR TOWN <b>Campbell</b>		c. LENGTH OF STAY (in this place) <b>28 yrs.</b>	c. CITY OR TOWN <b>Campbell</b>		<b>35</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home (City) 1</b>			d. STREET ADDRESS (If rural, give location) <b>City</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>James</b> b. (Middle) <b>Alexander</b> c. (Last) <b>Hartwell</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 25 1949</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>June 22, 1949</b>	9. AGE (in years last birthday) <b>79</b>	IF UNDER 1 YEAR Months <b>2</b> Days <b>3</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>unknown</b>		13b. MOTHER'S MAIDEN NAME <b>unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Sarah Hartwell</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>—</b>	17. INFORMANT'S SIGNATURE OR NAME <b>John Hartwell</b> ADDRESS <b>Campbell Mo</b>		
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of the Cecum</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <b>1 yr +</b>  <b>153X</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				
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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>May 3<sup>rd</sup>, 1949</b> , to <b>Aug 23<sup>rd</sup>, 1949</b> , that I last saw the deceased alive on <b>Aug 23<sup>rd</sup>, 1949</b> , and that death occurred at <b>6:30 A.M.</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>Wallace A. Selsby M.D.</b>		23b. ADDRESS <b>Campbell Mo.</b>		23c. DATE SIGNED <b>8/28/49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Aug 27, 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Woodson Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Campbell Missouri</b>		
DATE REC'D BY LOCAL REG. <b>9-12-1949</b>	REGISTRAR'S SIGNATURE <b>Mrs. Beulah Campbell</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Landess Funeral Home</b> ADDRESS <b>Campbell, Mo</b>		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED SEP 17 1949

District Health No.

District File Number 44-910

Date Filed

SEP 21 1949

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 *Christine M. Landess*

Signed Student Embalmer

Licensed Embalmer No. 4227

P. O. Address *Campbell, 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.