

FILED OCT 31 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34172

State File No. ....

490

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 5585 Registrar's No. 189

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence? before death?) a. STATE <u>Kansas</u> b. COUNTY <u>unknown</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Carthage-Madison</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Council Grove</u>	
c. LENGTH OF STAY (in this place) <u>2 mos.</u>		d. STREET ADDRESS (If rural, give location) <u>-----</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Route 1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LOIS</u>		b. (Middle) <u>FAY</u>	
c. (Last) <u>CAMPMIER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>October 19, 1949</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>April 3, 1888</u>
9. AGE (In years last birthday) <u>61</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>16</u>	IF UNDER 24 HRS. Hours <u>1</u> Min. <u>20</u>
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>at home</u>	11. BIRTHPLACE (State or foreign country) <u>near Manhattan, Kansas</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>? Wilkerson</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Charles Campmier</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Clyde Leeson, Rte 1, Carthage, Mo.</u>
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) <u>Congestive heart failure acute</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocarditis, chronic</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Renal insufficiency</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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 <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 <u>May 18, 1948</u> , to <u>Oct 18, 1949</u> , that I last saw the deceased alive on <u>May 18, 1948</u> , and that death occurred at <u>1:15a</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Carthage Mo</u>	
23c. DATE SIGNED <u>10/20/49</u>			
24a. BURIAL OR CREMATION REMOVAL (Specify) <u>removal</u>		24b. DATE <u>Oct 20, 1949</u>	
24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <u>Council Grove, Kansas</u>	
DATE REC'D BY LOCAL REG. <u>Oct 20-49</u>		REGISTRAR'S SIGNATURE <u>L. B. Clinton</u> <u>139</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>KNELL MORTUARY, Carthage, Mo.</u>	

Reg. v. Ferguson

(Signed Embalmer's Statement on Reverse Side)

RECEIVED 10-24-49

Jasper County Health Office

County File Number 49-10-804

Date Filed 10-28-49

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. 349

working under my personal supervision

Student Gene A. Parrent  
Student Embalmer

Signed Frank W. Kull

Licensed Embalmer No. 4440

P. O. Address Carthage

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.