

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **36299**

No. 300  
10.48

**FILED NOV 29 1949**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 281

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

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Boone</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u> c. LENGTH OF STAY (in this place) OR TOWN <u>5 Weeks</u> d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Boone County Hospital</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u> d. STREET ADDRESS (If rural, give location) <u>1001 N. Third St.</u>			
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>KATHLEEN</u> b. (Middle) <u>ELIZABETH</u> c. (Last) <u>CAMPBELL</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Nov. 13, 1949</u>		
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Divorced</u>	<b>8. DATE OF BIRTH</b> <u>Mar. 12, 1906</u>	<b>9. AGE</b> (In years last birthday) <u>43</u> IF UNDER 1 YEAR Months Days IF UNDER 4 Hrs. Hours Min.	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>At Home</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (State or foreign country) <u>Pettis County, Missouri</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.</u>
<b>13a. FATHER'S NAME</b> <u>Joe Avery</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Blanche Elliott</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Edmund Campbell</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>Iva Lou Campbell, Columbia, Missouri.</u>	
<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b>			<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>6 hrs</u>
		<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Cerebral hemorrhage</u>			
		<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension, malignant</u> DUE TO (c)			<u>6 months</u>
		<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			<u>331X</u>
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>			<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>	
<b>22. I hereby certify that I attended the deceased from</b> <u>Nov 1</u> , 19 <u>45</u> , to <u>Nov 13</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Nov 13</u> , 19 <u>49</u> , and that death occurred at <u>3:12 p.m.</u> , from the causes and on the date stated above.					
<b>23a. SIGNATURE</b> (Degree or title) <u>Charles C. Heed Jr. M.D.</u>			<b>23b. ADDRESS</b> <u>Columbia, Mo</u>		<b>23c. DATE SIGNED</b> <u>11/15/49</u>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>		<b>24b. DATE</b> <u>Nov. 15, 1949</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Memorial Park Cemetery</u>	
		<b>24d. LOCATION</b> (City, town, or county) (State) <u>Columbia, Mo.</u>			
<b>DATE REC'D BY LOCAL REG.</b> <u>Nov. 16, 1949</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Mrs. R. E. Palmer</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS</b> <u>Parker Funeral Service, Columbia, Mo</u>	

RECEIVED 11-21-49  
District Health Officer No. 9  
District File Number

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.....

*Tom McHard*

Licensed Embalmer No. ....

*4067*

P. O. Address.....

*Columbia 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.