

FILED NOV 30 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 37907  
Registrar's No. 34

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 193 PRIMARY REG. DIST. NO. 5708

1. PLACE OF DEATH a. COUNTY McDonald		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY McDonald	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Rt. 1 Goodman		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Erie	
c. LENGTH OF STAY (In this place) 15 Mo.		d. STREET ADDRESS (If rural, give location) Rt. 1, Goodman	
d. FULL NAME OF HOSPITAL OR INSTITUTION Route 1, Goodman			
3. NAME OF DECEASED (Type or Print) a. (First) JULIUS b. (Middle) M. c. (Last) CAMPBELL		4. DATE OF DEATH (Month) (Day) (Year) Oct. 15, 1949	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 19, 1887
9. AGE (In years last birthday) 86		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	11. BIRTHPLACE (State or foreign country) Evansville, Indiana
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY Own Farm	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Louisa F. Jordan
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Goldie Boyd, Route 1, Goodman, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Malnutrition and advanced senility</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of prostate gland and involving urinary bladder and sigmoid</u> DUE TO (c) _____ 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 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)		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 April 16, 1948, to October 15, 1949, that I last saw the deceased alive on October 15, 1949, and that death occurred at 1:55 P. M., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Harold C. Waide, D.O.</u>		23b. ADDRESS <u>Goodman, Mo.</u>	23c. DATE SIGNED <u>10/16/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct. 17, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Howard Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Goodman, Mo.</u>
DATE REC'D BY LOCAL REG. <u>Oct. 26, 1949</u>	REGISTRAR'S SIGNATURE <u>Mrs. Fred W. Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John B. Papineau Goodman, Mo.</u>	

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

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**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 B. Papineau

Licensed Embalmer No. 4446

P. O. Address Goodman, 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.