

FILED DEC 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40142

BIRTH NO. _____		REG. DIST. NO. 25		PRIMARY REG. DIST. NO. 4036		Registrar's No. 30	
1. PLACE OF DEATH a. COUNTY BATES.				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY BATES.			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RICH HILL		c. LENGTH OF STAY (in this place) 80 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RICH HILL		d. STREET ADDRESS (If rural, give location) EAST MAPLE	
d. FULL NAME OF HOSPITAL OR INSTITUTION EAST MAPLE ST.				d. STREET ADDRESS (If rural, give location) EAST MAPLE			
3. NAME OF DECEASED (Type or Print) a. (First) STEVEN b. (Middle) R. c. (Last) CAMPBELL			4. DATE OF DEATH (Month) (Day) (Year) DEC-14-1949				
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH AUG-22-1864	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 6 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MINER		10b. KIND OF BUSINESS OR INDUSTRY COAL		11. BIRTHPLACE (State or foreign country) JOHNSON COUNTY-Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME STEVEN CAMPBELL			13b. MOTHER'S MAIDEN NAME PRISCILLA		14. NAME OF HUSBAND OR WIFE NETTIE CAMPBELL		
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. NO		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Steven R. Campbell, Rich Hill, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Summary of disease ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)				INTERVAL BETWEEN ONSET AND DEATH 8 hours	
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)		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from Dec 13, 1949 , to Dec 14, 1949 , that I last saw the deceased alive on Dec 14, 1949 , and that death occurred at 2:00 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Paul H. Hill, M.D.				23b. ADDRESS Rich Hill, Mo.		23c. DATE SIGNED Dec 17 49	
24a. BURIAL, CREMATION REMOVAL (Specify) BURIAL		24b. DATE DEC-16-1949		24c. NAME OF CEMETERY OR CREMATORY GREEN LAWN		24d. LOCATION (City, town, or county) (State) RICH HILL MISSOURI	
DATE REC'D BY LOCAL REG. Dec. 16, 1949		REGISTRAR'S SIGNATURE Ma. Edna Dwyer		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Booth Funeral Home, Rich Hill, Mo.			

(Licensed Embellisher's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 7,

District File Number 11-49-1491

Date Filed 12-20-49

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.

Student
Student Embalmer

Signed Robert G. Steinbeck

Licensed Embalmer No. 4657

P. O. Address Butler, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.