

FILED JAN 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40776

BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 4198 Registrar's No. 75

1. PLACE OF DEATH a. COUNTY Daws Nursing home Gentry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Gentry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN King City Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN King City	
c. LENGTH OF STAY (in this place) 5 months		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) Maggie	b. (Middle)	c. (Last) Campbell	4. DATE OF DEATH (Month) (Day) (Year) Dec. 14, 1949
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH June 24, 1865	9. AGE (In years last birthday) 84	10. UNDER 1 YEAR Months 5	11. UNDER 2 Mths. Days 20	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	10b. KIND OF BUSINESS OR INDUSTRY same	11. BIRTHPLACE (State or foreign country) Hillsborough Ohio	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Samuel A. Custer	13b. MOTHER'S MAIDEN NAME Letha Ellen ?????	14. NAME OF HUSBAND OR WIFE Thomas A. Campbell
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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 F.B. Estill.	ADDRESS Ponca City Okla.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Myocardial Regurgitation</i>		INTERVAL BETWEEN ONSET AND DEATH 7 410X
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Arterio Sclerosis</i>		
	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"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from *July 12, 1949* to *Dec. 14, 1949*, that I last saw the deceased alive on *12-14-49*, 1949, and that death occurred at *6:15 P.M.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>D. J. Wood</i>	23b. ADDRESS King City Mo.	23c. DATE SIGNED 12.15.49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12.16.49	24c. NAME OF CEMETERY OR CREMATORY Berlin	24d. LOCATION (City, town, or county) (State) Berlin Mo.
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DATE REC'D BY LOCAL REG. Dec 13-1949	REGISTRAR'S SIGNATURE Mrs Edith Childs	430	25. FUNERAL DIRECTOR'S SIGNATURE R. H. Haggart	ADDRESS King City Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



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

R. G. Taggart

Licensed Embalmer No. 2563

P. O. Address King City 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.