

FILED FEB 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1064**

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **321**

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

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lafayette		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 5 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Odessa		
d. FULL NAME OF HOSPITAL OR INSTITUTION Research Hospital			d. STREET ADDRESS (If rural, give location)		

3. NAME OF DECEASED (Type or Print) a. (First) Rena		b. (Middle) June		c. (Last) Campbell		4. DATE OF DEATH (Month) (Day) (Year) January 23, 1950			
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH April 9, 1875	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 12 HRS. Hours	IF UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Dover, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.		

13a. FATHER'S NAME Allen Himes		13b. MOTHER'S MAIDEN NAME Daisy Darnell		14. NAME OF HUSBAND OR WIFE O. B. 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 O. B. Campbell		ADDRESS Odessa, Mo.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 24 hrs.	
<p><i>This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i></p>			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cardiac decompensation				37 days	
			ANTECEDENT CAUSES Morbid conditions, if any giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) bronchopneumonia (post-operative)					
			DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			5011					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION left femoral hernia (strangulated)				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	
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 **1-19**, 19 **50**, to **1-23**, 19 **50**, that I last saw the deceased alive on **1-22**, 19 **50**, and that death occurred at **3:45A** m., from the causes and on the date stated above.

23a. SIGNATURE E. A. Wilkinson, M.D. (Degree or title)		23b. ADDRESS 1332 Prof. Bldg.		23c. DATE SIGNED 1-23-50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE Jan. 25, 1950		24c. NAME OF CEMETERY OR CREMATORY Odessa Cem.		24d. LOCATION (City, town, or county) (State) Odessa, Mo.	
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DATE REC'D BY LOCAL REG. 1-23-50		REGISTRAR'S SIGNATURE Sheraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE Husman-Sparks		ADDRESS Odessa, Mo.	
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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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.

case, injury, or complication which caused death.		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 <i>Left femoral hernia (strangulated)</i>		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>1-19</u> , 19 <u>50</u> , to <u>1-23</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>1-22</u> , 19 <u>50</u> , and that death occurred at <u>3:45 P.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <i>E. A. Wilkinson, M.D.</i>		(Degree or title)		23b. ADDRESS <i>1332 Professional Bldg.</i>	
23c. DATE SIGNED <i>1-23-50</i>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Jan. 25, 1950</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Odessa Cemetery</i>	
				24d. LOCATION (City, town, or county) (State) <i>Odessa Mo.</i>	
DATE REC'D BY LOCAL REG. <i>1-23-50</i>		REGISTRAR'S SIGNATURE <i>Sheraldine Holmes</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Herman Sparks</i>	
				ADDRESS <i>Odessa, Mo.</i>	

S-108^d, 1950

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 *William T. Sparks*

Licensed Embalmer No. *4431*

P. O. Address *Dessa, 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.