

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7256**

FILED MAR 7 1950

BIRTH NO. _____		REG. DIST. NO. <b>324</b>		PRIMARY REG. DIST. NO. <b>6093</b>		Registrar's No. <b>43</b>		
1. PLACE OF DEATH a. COUNTY <b>Saline</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Saline</b>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural, Marshall Twp.</b>		c. LENGTH OF STAY (in this place) <b>21 years</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural, Marshall township</b>		<b>6970</b>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>2 miles east Marshall</b>				d. STREET ADDRESS (If rural, give location) <b>2 miles east Marshall</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>Clarrissa</b> b. (Middle) <b>Nevada</b> c. (Last) <b>Burgess</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>March 1st, 1950</b>					
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Jan. 29th, 1880</b>		
9. AGE (In years last birthday) <b>70</b>		IF UNDER 1 YEAR Months <b>I</b> Days <b>2</b>		IF UNDER 12 HRS. Hours <b></b> Min. <b></b>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (State or foreign country) <b>Bland, Osage Co. Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Robert H. Campbell</b>			13b. MOTHER'S MAIDEN NAME <b>Tennessee A. Shockley</b>		14. NAME OF HUSBAND OR WIFE <b>Charles A. Burgess</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, note unknown) (If yes, give war or date of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Charles A. Burgess, Marshall, Mo. R. 4.</b>				
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Uremia</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b> DUE TO (c) <b>Disturbances of kidneys</b>  II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <b>28 hrs</b>  <b>?</b>  <b>?</b>  <b>446X</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>None</b>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>None</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>None</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>None</b>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>None</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>None</b>				
22. I hereby certify that I attended the deceased from <b>1-12-1949</b> , to <b>2-27-1950</b> , that I last saw the deceased alive on <b>Feb 27 1950</b> , and that death occurred at <b>5:00 P.M.</b> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title?) <b>M. E. Lealwood, M.D.</b>				23b. ADDRESS <b>Deaton</b>		23c. DATE SIGNED <b>Mar 3-1950</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>March 3, 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Sunset Memorial Gardens, Marshall, Mo.</b>		24d. LOCATION (City, town, or county) (State) <b>Marshall, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>May 3-1950</b>		REGISTRAR'S SIGNATURE <b>Budwey J. Gray</b>		385 25. FUNERAL DIRECTOR'S SIGNATURE <b>CAMPBELL-LEWIS, MARSHALL-MO.</b>		ADDRESS		

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

970

RECEIVED

District Health Officer **MAR 6** 1950

District File Number \_\_\_\_\_

Date Filed 3-6-50

JUL 23 1953

JUN 8 1958

**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 James N. Lewis Jr.  
Licensed Embalmer No. 4709

P. O. Address Marshall, 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.