

FILED MAY 29 1950

STANDARD CERTIFICATE OF DEATH

MISSOURI State File No. 16427

No. 300 10:48

BIRTH NO. REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 486

1. PLACE OF DEATH a. COUNTY Greene b. CITY Springfield c. LENGTH OF STAY d. FULL NAME OF HOSPITAL OR INSTITUTION 929 E. Central

2. USUAL RESIDENCE a. STATE Missouri b. COUNTY Greene c. CITY Springfield d. STREET ADDRESS 929 E. Central

3. NAME OF DECEASED a. (First) Sarah b. (Middle) M. c. (Last) Campbell 4. DATE OF DEATH May 21 1950

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed 8. DATE OF BIRTH 10 June 1877 9. AGE 72

10a. USUAL OCCUPATION Housewife 10b. KIND OF BUSINESS OR INDUSTRY In Home 11. BIRTHPLACE Missouri 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Thomas H. Davis 13b. MOTHER'S MAIDEN NAME Harriet Davis 14. NAME OF HUSBAND OR WIFE Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? No 16. SOCIAL SECURITY NO. 500-01-9933 17. INFORMANT'S SIGNATURE OR NAME Mrs. George Sly ADDRESS Springfield, Mo.

MEDICAL CERTIFICATION 18. CAUSE OF DEATH 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Decompensating Heart 2. OTHER SIGNIFICANT CONDITIONS Senility

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO X

21a. ACCIDENT SUICIDE HOMICIDE 21b. PLACE OF INJURY 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from 3-31, 1950, to 4-6, 1950 that I last saw the deceased alive on 4-6, 1950, and that death occurred at 11:40a.m., from the causes and on the date stated above.

23a. SIGNATURE O. E. Fuller M.D. 23b. ADDRESS 609 Cherry Springfield Mo. 23c. DATE SIGNED 5/21/50

24a. BURIAL, CREMATION, OR REMOVAL Burial 24b. DATE 24 May 1950 24c. NAME OF CEMETERY OR CREMATORY Fair View Cemetery 24d. LOCATION Joplin Mo.

DATE REC'D BY LOCAL REG. 5-23-50 REGISTRAR'S SIGNATURE W.E. Handley W.D. 25. FUNERAL DIRECTOR'S SIGNATURE J.W. Klingner & Co. ADDRESS Springfield, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 *Ogle Stone Jr*

Licensed Embalmer No. *4176*

P. O. Address *Springfield*

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.