

FILED OCT 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

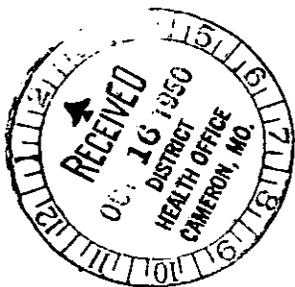
State File No. **33318**

BIRTH NO. _____ REG. DIST. NO. **133** PRIMARY REG. DIST. NO. **5490** Registrar's No. **79**

| | | | | | |
|--|---------------------------|--|---|--|---|
| 1. PLACE OF DEATH a. COUNTY Harrison | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: make note before admission) a. STATE Missouri b. COUNTY Harrison | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN New Hampton Rural | | c. LENGTH OF STAY (in this place) | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN New Hampton White Oak Sup | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION East side of City Limits New Hampton | | | d. STREET ADDRESS (If rural, give location) East side City Limits 0410 New Hampton | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) ANNA b. (Middle) Reel c. (Last) Sego | | | 4. DATE OF DEATH (Month) (Day) (Year) Oct 9 1950 | | |
| 5. SEX F | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W | 8. DATE OF BIRTH Apr 4 1863 | 9. AGE (In years last birthday) 87 | IF UNDER 1 YEAR 6 Days |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife | | 10b. KIND OF BUSINESS OR INDUSTRY ✓ | 11. BIRTHPLACE (State or foreign country) Missouri | | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13a. FATHER'S NAME George Campbell | | 13b. MOTHER'S MAIDEN NAME Dora No first Campbell | | 14. NAME OF HUSBAND OR WIFE Marion Sego deceased | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | | 16. SOCIAL SECURITY NO. ✓ | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Howe Fuston New Hampton | |
| 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) Chronic Intestinal Aphthae ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last... DUE TO (b) _____ 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"/> |
| 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) (Min.) | | 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 Aug 2 , 1950, to Oct 9 , 1950, that I last saw the deceased alive on Oct 9 , 1950, and that death occurred at 1:30 p.m. , from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE (Degree or title) H. Wilson MD | | | 23b. ADDRESS New Hampton | | 23c. DATE SIGNED Oct 10th |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE Oct 11 1950 | 24c. NAME OF CEMETERY OR CREMATORY Bolescow cemetery | | 24d. LOCATION (City, town, or county) (State) Bolescow MO. |
| DATE REC'D BY LOCAL REG. 10/9/50 | | REGISTRAR'S SIGNATURE Zola Burris | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. S. Noble New Hampton MO. | |

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

0410



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 me.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed W. G. Noble.....

Licensed Embalmer No. 2904.....

P. O. Address New Hampton 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.