

FILED DEC 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37432

No. 300
10. 48

BIRTH NO. _____		REG. DIST. NO. 156		PRIMARY REG. DIST. NO. 2004		Registrar's No. 533			
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin		c. LENGTH OF STAY (in this place) 73 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin		0495			
d. FULL NAME OF HOSPITAL OR INSTITUTION 1507 Va.				d. STREET ADDRESS (If rural, give location) 1507 Va.					
3. NAME OF DECEASED (Type or Print) a. (First) William			b. (Middle) O.		c. (Last) Campbell		4. DATE OF DEATH (Month) (Day) (Year) Nov. 26 1950		
5. SEX 0 Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) unknown 9		8. DATE OF BIRTH Oct. 11 1877		9. AGE (In years last birthday) 73 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unknown			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Joplin, Missouri			12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME W. T. Campbell			13b. MOTHER'S MAIDEN NAME Nancy Jose McDill			14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Wayne Stair				
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arteriosclerotic heart disease ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Uremia DUE TO (c) silicosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4200 Y						INTERVAL BETWEEN ONSET AND DEATH 2 3 days 2	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						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)		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 11-25, 1950 to 11-25, 1950, that I last saw the deceased alive on 11-25, 1950, and that death occurred at 8:12 m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) W. Scholcher				23b. ADDRESS Joplin Mo.				23c. DATE SIGNED 11-28	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-28-1950		24c. NAME OF CEMETERY OR CREMATORY Fairview		24d. LOCATION (City, town, or county) (State) Joplin Missouri			
DATE REC'D BY LOCAL REG. 11-30-50		REGISTRAR'S SIGNATURE G. S. James 138 by Walter J. Joplin			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Parke-Hunsaker Mortuary Joplin Mo. (Licensed Embalmer's Signature on Reverse Side)				

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

RECEIVED 12-4-50
Jasper County Health Office

County File Number 50-11-880
Date Filed 12-4-50

*in
the
office*

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 *F. M. Jones*

Licensed Embalmer No. *2319*

P. O. Address *Joplin 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.