

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39694

State File No.

FILED JAN 11 1951

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY, REG. DIST. NO. 3000 Registrar's No. 361

1. PLACE OF DEATH
a. COUNTY Adair
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkville
c. LENGTH OF STAY (in this place) 12 days
d. FULL NAME OF HOSPITAL OR INSTITUTION Grim Smith Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Macon
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Atlanta
d. STREET ADDRESS (If rural, give location) R. 7. D. # 4

3. NAME OF DECEASED
a. (First) Thomas b. (Middle) Campbell c. (Last) Campbell
4. DATE OF DEATH (Month) (Day) (Year) Dec. 20 1950

5. SEX male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Sept. 14, 1884 9. AGE (In years last birthday) 66 3 6 6

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Owner
11. BIRTHPLACE (State or foreign country) Knox Co. Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Campbell 13b. MOTHER'S MAIDEN NAME Sarah Bowen 14. NAME OF HUSBAND OR WIFE Mrs. Effie Campbell

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. no
17. INFORMANT'S SIGNATURE OR NAME Effie M. Campbell ADDRESS Atlanta, Mo

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, ashenia, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerosis
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
INTERVAL BETWEEN ONSET AND DEATH
1 hr.
2 yrs
331X

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

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 12-8, 1950, to 12-20, 1950, that I last saw the deceased alive on 12-20, 1950, and that death occurred at 7:58 P.m., from the causes and on the date stated above.

23a. SIGNATURE Thomas J. ... (Degree or title) _____ 23b. ADDRESS Kirkville 23c. DATE SIGNED 12/22/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 12-22-50 24c. NAME OF CEMETERY OR CREMATORY Hazel Dell 24d. LOCATION (City, town, or county) (State) Knox Co. Mo.

DATE REC'D BY LOCAL REG. 12-30-50 REGISTRAR'S SIGNATURE Wate Lambert FUNERAL DIRECTOR'S SIGNATURE W. S. ... ADDRESS La Plata, Mo

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

00130

Date Received: JAN 4 1951
DISTRICT HEALTH OFFICE #2
District File Number /-5/- /
Date Filed: JAN 10 1951

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 D.S. Christie

Licensed Embalmer No. 1109

P. O. Address La Plata 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.