

REC'D JAN 4 1951

STANDARD CERTIFICATE OF DEATH

State File No. 39746

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 5037 Registrar's No. 323

1. PLACE OF DEATH a. COUNTY <b>Audrain</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Audrain</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Audrain</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Benton City</b>	
c. LENGTH OF STAY (In this place) <b>040</b>		d. STREET ADDRESS (If rural, give location) <b>Hospital Mexico, Mo.</b>	
d. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) <b>Pronounced dead at Audrain Hospital Mexico, Mo.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Alice</b> b. (Middle) <b>Campbell</b> c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 13 1950</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow 2</b>	8. DATE OF BIRTH <b>FEB 11 1966</b>
9. AGE (In years last birthday) <b>84</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSE KEEPING</b>	11. BIRTHPLACE (State or foreign country) <b>ILLINOIS 1</b>
10a. USUAL OCCUPATION		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>✓</b>	13b. MOTHER'S MAIDEN NAME <b>✓</b>	14. NAME OF HUSBAND OR WIFE <b>W.M. CAMPBELL</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>✓</b>	16. SOCIAL SECURITY NO. <b>✓</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Bill Campbell Mexico Mo</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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Crown's Case with out jury</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO <b>History showed she suffered from Cardiac Arrhythmias, etc.</b>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>no evidence of violence, no foul play, unattended by a physician, in this way to a hospital.</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>Her way to a hospital.</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>Benton City Audrain Mo</b>
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? <b>none</b>

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased die on **Dec. 13, 1950**, and that death occurred at **none** m., from the causes and on the date stated above.

23a. SIGNATURE <b>S. C. Adams M.H. Coroner 3</b>	23b. ADDRESS <b>Mexico, Mo</b>	23c. DATE SIGNED <b>12-18-50</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL L11</b>	24b. DATE <b>12-17-50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Elmwood</b>
24d. LOCATION (City, town, or county) (State) <b>Mexico Mo</b>		

DATE REC'D BY LOCAL REG. <b>Dec 16 1950</b>	REGISTRAR'S SIGNATURE <b>Blanche Neely</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Charles J. Neely</b>	ADDRESS <b>Mexico Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

10403

DEC 27 1950

Date Received:  
DISTRICT HEALTH OFFICE #2  
District File Number 12-50-  
Date Filed: JAN 1 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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed *Charles V. Steening*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4625*

P. O. Address *Mexico 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.