S. No. 300
V. 10.48

0760

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

FILED MAR 0 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5529

BIRTH NO. _____ REG. DIST. NO. 257 PRIMARY REG. DIST. NO. 4389 Registrar's No. 5

1. PLACE OF DEATH
a. COUNTY: Osa ge
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Linn
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Linn Mo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Osage
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Linn 0760
d. STREET ADDRESS (If rural, give location): Mo

3. NAME OF DECEASED (Type or Print)
a. (First): Edward
b. (Middle): Matthew
c. (Last): Campbell

4. DATE OF DEATH (Month) (Day) (Year): 2-27-1951

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: August, 26, 1881
9. AGE (In years — last birthday): 69 — If under 1 year: Months 6, Days 1; If under 1 day: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Blacksmith-Mechanic-Auto- Self
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Linn Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Allen W Campbell
13b. MOTHER'S MAIDEN NAME: Mahala Glover
14. NAME OF HUSBAND OR WIFE: Maude Scott Campbell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 488-01-2387
17. INFORMANT'S SIGNATURE OR NAME: Mrs Nelson Dubrouillet
ADDRESS: Linn 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia — 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) Chronic Arteriosclerosis — 331X
DUE TO (c) Cerebral Hemorrhage — 6 mos

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive heart disease

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) m.:
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* 1-3-, 1951, *to* 1-26-, 1951, *that I last saw the deceased alive on* 1-26-, 1951, *and that death occurred at* 6:15 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Thomas W. Baldwin (Degree or title) DO
23b. ADDRESS: Linn, Mo.
23c. DATE SIGNED: 2-28-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-1-51
24c. NAME OF CEMETERY OR CREMATORY: Lane cemetery
24d. LOCATION (City, town, or county) (State): Linn Mo R.F.D.

DATE REC'D BY LOCAL REG.: Mar 2-1951
REGISTRAR'S SIGNATURE: [illegible] 235
25. FUNERAL DIRECTOR'S SIGNATURE: Clyde Morton
ADDRESS: Linn Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
MAR 7 1951
DISTRICT HEALTH OFFICE No. 4
File No. .....

JUN 2 1982

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.....
Student Embalmer

Signed Vernon M. Morton

Licensed Embalmer No. 4125

P. O. Address Lima

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.