

FILED MAY 29 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17037

BIRTH NO.		REG. DIST. NO. 157	PRIMARY REG. DIST. NO. 3028	Registrar's No. 127
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 Carthage		c. LENGTH OF STAY (in this place) 4 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage 0493	
d. FULL NAME OF HOSPITAL OR INSTITUTION McCune-Brooks Hospital		d. STREET ADDRESS (If rural, give location) 302 W. Chestnut St. 0		
3. NAME OF DECEASED (Type or Print) JOHN		a. (First) SIMINGTON	b. (Middle) CAMPBELL	c. (Last)
4. DATE OF DEATH May 22, 1951		5. SEX male 0		6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married /		8. DATE OF BIRTH April 16, 1871		9. AGE (In years last birthday) 80
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret. dairy operator		10b. KIND OF BUSINESS OR INDUSTRY dairying		11. BIRTHPLACE (State or foreign country) Midway, Penn /
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME
14. NAME OF HUSBAND OR WIFE Ivie VanVoorhis Campbell		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME Mrs. J.S. Campbell		ADDRESS 302 W. Chestnut Carthage, 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) Coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH 3 days
ANTECEDENT CAUSES DUE TO (b) Myocarditis		DUE TO (c) Glaucoma		?
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 4201		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) (Minute)		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 May 19, 1951, to May 22, 1951 that I last saw the deceased alive on May 21, 1951, and that death occurred at 5:45a m., from the causes and on the date stated above.				
23a. SIGNATURE Blunt MD		23b. ADDRESS Carthage, Mo		23c. DATE SIGNED 5-28-51
24a. BURIAL CREMATION, REMOVAL (Specify) removal 5		24b. DATE May 23, 1951		24c. NAME OF CEMETERY OR CREMATORY Candor Cemetery
24d. LOCATION (City, town, or county) (State) near Oakdale, Penn		25. FUNERAL DIRECTOR'S SIGNATURE Knell Mortuary, Carthage, Mo		ADDRESS
DATE REC'D BY LOCAL REG. 5-22-51		REGISTRAR'S SIGNATURE Blunt MD 139		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 5-28-51

Jasper County Health Office

County File Number 51/5/431

Date Filed 5-28-51

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 Frank W. Knell

Licensed Embalmer No. 4440

P. O. Address Carthage, 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.