S. No. 300
V. 10.48

FILED MAY 31 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19185

State File No.

BIRTH NO. REG. DIST. NO. 349 PRIMARY REG. DIST. NO. 4514 Registrar's No. 12

1050

1. PLACE OF DEATH
a. COUNTY Sullivan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Green City
c. LENGTH OF STAY (in this place) 40 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home in Green City

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Sullivan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Green City 1050
d. STREET ADDRESS (If rural, give location) No street address

3. NAME OF DECEASED (Type or Print)
a. (First) Ursula
b. (Middle) --------
c. (Last) Campbell

4. DATE OF DEATH (Month) (Day) (Year) May 22, 1951

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH May 15, 1866
9. AGE (In years last birthday) 85
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) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own home
11. BIRTHPLACE (State or foreign country) Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Dan Martin
13b. MOTHER'S MAIDEN NAME Susan Jenkins
14. NAME OF HUSBAND OR WIFE U. W. 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. None
17. INFORMANT'S SIGNATURE OR NAME Gladys Woy, ADDRESS Green City, 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 sclerosis — INTERVAL BETWEEN ONSET AND DEATH 5 years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

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 ☐ 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* May 20, 1951, *to* May 22, 1951, *that I last saw the deceased alive on* May 22, 1951, *and that death occurred at* 6:10A m., *from the causes and on the date stated above.*

23a. SIGNATURE R. D. Smith (Degree or title) D.O.
23b. ADDRESS Green City, Mo
23c. DATE SIGNED May 24, 1951

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE May 26, 1951
24c. NAME OF CEMETERY OR CREMATORY Hawkeye Cemetery
24d. LOCATION (City, town, or county) Sullivan County, Mo. (State)

DATE REC'D BY LOCAL REG. May 25, 1951
REGISTRAR'S SIGNATURE Laura M. Bartlett D 412
25. FUNERAL DIRECTOR'S SIGNATURE Glenn E. Kent & Son, **ADDRESS** Green City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: MAY 2 8 1951
DISTRICT HEALTH OFFICE #2
District File Number 5-51-98
Date Filed: MAY 2 8 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 Earl R. Kent

Licensed Embalmer No. 4689

P. O. Address Green City, 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.