

FILED SEP 10 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **26166**

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>901</u>			
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u> <u>0117</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>25 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN, <u>St. Joseph</u> <u>0117</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Meth. Hosp.</u>				d. STREET ADDRESS (If rural give location) <u>1716 Messanie St.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Elsie</u> b. (Middle) <u>Mae</u> c. (Last) <u>Campbell</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8</u> <u>27</u> <u>1951</u>						
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>7</u> <u>15</u> <u>1905</u>		9. AGE (In years last birthday) <u>46</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days		
10a. USUAL OCCUPATION (Free kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (State or foreign country) <u>Hartsville, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			
13a. FATHER'S NAME <u>Jeff Bailey</u>		13b. MOTHER'S MAIDEN NAME <u>Lucy Whitley</u>		14. NAME OF HUSBAND OR WIFE <u>Roy Campbell</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>491-28-1440</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Roy Campbell</u>		ADDRESS <u>414 No. 2nd St.</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive heart failure</u>				DUE TO (b) <u>Hypertension, Lues</u>				<u>Under</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				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 <u>023X</u>						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) (Min.)		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 <u>8/25</u> , 19 <u>51</u> , to <u>8/27</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>8/27</u> , 19 <u>51</u> , and that death occurred at <u>7:40 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>J. H. Carls</u>				23b. ADDRESS <u>MD 902 Edmund</u>		23c. DATE SIGNED <u>9-3-51.</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8 31 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ashland Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Sept. 4, 1951</u>		REGISTRAR'S SIGNATURE <u>Carl C. Cast</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. H. Alexander</u>		ADDRESS <u>St. Joseph, Mo.</u>			

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

**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..... *Wm. H. Alexander*

Licensed Embalmer No. *4450*

P. O. Address *St Joseph, 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.