

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26688

State File No. ....

FILED SEP 5 1951

REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023

Registrar's No. 140

1. PLACE OF DEATH a. COUNTY <u>Clinton, Henry County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, substitute before admission) a. STATE <u>MO</u> b. COUNTY <u>Henry</u>	
b. CITY OR TOWN <u>Wich</u>		c. CITY OR TOWN <u>Wich</u> <u>Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital Clinton MO</u>		d. STREET ADDRESS <u>aug</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>EDWARD</u> b. (Middle) <u>HARVEY</u> c. (Last) <u>CAMPBELL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8</u> <u>23</u> <u>1951</u>	
5. SEX <u>MO</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) <u>1</u>	8. DATE OF BIRTH <u>July 15 - 1900</u>
9. AGE (In years last birthday) <u>51</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 4 HRS. Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life. Again if retired) <u>Farm</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Jahns Town MO S</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Henry Campbell</u>		13b. MOTHER'S MAIDEN NAME <u>MATTIE MORRISON</u>	
14. NAME OF HUSBAND OR WIFE <u>Alma Campbell</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Alma Campbell</u> ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>GUNSHOT WOUND - BRAIN</u> INTERVAL BETWEEN ONSET AND DEATH <u>10 DAYS</u> *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ 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>E976x</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>SUICIDE</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>HOME</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>BOGARD TOWNSHIP HENRY MO</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>AUG. 13 1951 - 9A</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>SELF-INFLICTED</u>			
22. I hereby certify that I attended the deceased from <u>13 AUG., 1951</u> , to <u>23 AUG., 1951</u> , that I last saw the deceased alive on <u>AUG 23, 1951</u> , and that death occurred at <u>9 A. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Hugh B. Walker, MD</u>		23b. ADDRESS <u>Clinton, MO</u>	
23c. DATE SIGNED <u>25 Aug. 1951</u>			
24a. BURIAL, CREMATION, OR OTHER DISPOSITION (specify) <u>Aug. 25 - 1951</u>		24b. DATE	
24c. NAME OF CEMETERY OR CREMATORY <u>Wich Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Wich MO</u>	
DATE REC'D BY LOCAL REG. <u>Aug-26-51</u>		REGISTRAR'S SIGNATURE <u>Florence</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>W. J. Brown</u>		ADDRESS <u>Wich MO</u>	

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

RECEIVED 9-4-51

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 9-4-51

APR 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 R. R. Kenney

Licensed Embalmer No. 3099

P. O. Address Clinton, 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.