

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34093

State File No.

FILED OCT 22 1951

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 5583 Registrar's No. 194

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Golden City R.1</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Golden City Rural Lincoln Twp.</u>	
c. LENGTH OF STAY (In this place) <u>40 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>0490</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital institution, give street address or location) <u>(Lincoln Twp.)</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>SADIE</u> b. (Middle) <u>ALICE</u> c. (Last) <u>CAMPBELL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 6 1951</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 15, 1882</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>21</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Christian Co. Ill.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>C.K. Doyle</u>	13b. MOTHER'S MAIDEN NAME <u>Georgie Alice Lammon</u>	14. NAME OF HUSBAND OR WIFE <u>John Campbell</u>
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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>-</u>	17. INFORMANT'S SIGNATURE OR NAME <u>John Campbell</u> ADDRESS <u>Golden City, Mo.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Arteriosclerosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>See to maintenance</u> DUE TO (c) <u>Cancer of the liver</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>2 years</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>1561</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 11-5-1949, to 10-6-1951, that I last saw the deceased alive on 10-6-1951, and that death occurred at 3:55 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Raymond A. Carlson M.D.</u>	23b. ADDRESS <u>Holden City Mo</u>	23c. DATE SIGNED <u>10-8-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Oct. 9, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Dudenville Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Jasper Co., Mo.</u>
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DATE REC'D BY LOCAL REG. <u>10-9-51</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Phillips Funeral Home Golden City, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 10-12-51
Jasper County Health Office

County File Number 51/10/282

Date Filed 10-12-51

VS NOV 5 1959

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 _____

Licensed Embalmer No. 3278

P. O. Address Golden 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.