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

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 41186

DEC 20 1951

BIRTH NO. \_\_\_\_\_ REG.—DIST. NO. 109 PRIMARY REG. DIST. NO. 4180 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <b>Dunklin</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Dunklin</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Campbell</b>	c. LENGTH OF STAY (In this place) <b>70 yrs</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Campbell</b>	12356
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home-City</b>		d. STREET ADDRESS (If rural, give location) <b>City</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>FRANCES</b> b. (Middle) <b>ELLEN</b> c. (Last) <b>PLACE</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>NOV. 26 1951</b>	
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>April 1, 1873</b>	9. AGE (In years) (Months) (Days) (Hours) (Min.) <b>78 7 25</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Illinois</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Aaron Nelson</b>	13b. MOTHER'S MAIDEN NAME <b>Sidney Vincent</b>	14. NAME OF HUSBAND OR WIFE <b>Steve Place</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Luther Place, Campbell, Mo.</b>		ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>Subar Pneumonia Bi-lateral</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b>
	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	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) <b>490X</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from **Nov 22, 1951**, to **Nov 26, 1951**, that I last saw the deceased alive on **Nov 26, 1951**, and that death occurred at **8:35 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>W. J. Pringle</b> (Degree or title) <b>D. M.D.</b>	23b. ADDRESS <b>Campbell Mo</b>	23c. DATE SIGNED <b>11/27/1951</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Nov. 28, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Gravel Hill Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Campbell, Mo. R.3</b>
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DATE REC'D BY LOCAL REG. <b>11/28/1951</b>	REGISTRAR'S SIGNATURE <b>Mo. I Duvalh Campbell</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Landess Funeral Home, Campbell, Mo</b>	ADDRESS
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RECEIVED DUNKLIN COUNTY HEALTH  
DEPARTMENT ..12-4-51.....  
COUNTY FILE NUMBER ..1251-240

**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

*Christina M. Landess*

Licensed Embalmer No. \_\_\_\_\_

*4227*

P. O. Address \_\_\_\_\_

*Campbell,*

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.