

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. _____

DEC 31 1951

 BIRTH NO. _____ REG. DIST. NO. 131 PRIMARY REG. DIST. NO. 5471 Registrar's No. 118

1. PLACE OF DEATH a. COUNTY <u>GRUNDY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>GRUNDY</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>RURAL WASHINGTON TOWNSHIP</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL 0430</u>		d. STREET ADDRESS (If rural, give location) <u>WASHINGTON TOWNSHIP 0</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u> b. (Middle) <u>DAISY</u> c. (Last) <u>CAMPBELL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>DEC-14 1951</u>				
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED 1</u>	8. DATE OF BIRTH <u>JUNE-3-1891</u>		9. AGE (In years last birthday) <u>60</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>11</u>	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>MO. 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>GEORGE CAMPBELL</u>		13b. MOTHER'S MAIDEN NAME <u>ADDIE SIRE</u>		14. NAME OF HUSBAND OR WIFE <u>GENNIE 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. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>GENNIE CAMPBELL SPICKARD MO.</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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Organic Heart disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Suicidal death</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>4343</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____				
22. I hereby certify that I attended the deceased from <u>Seen after death</u> , 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>8:30 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>E. W. Cowing MD</u>			23b. ADDRESS <u>Spickard MO</u>		23c. DATE SIGNED <u>12-14-51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>DEC-16-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>FOX CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>GRUNDY CO. MO.</u>			
DATE REC'D BY LOCAL REG. <u>12/17/51</u>	REGISTRAR'S SIGNATURE <u>Mrs. Nathan Cooper</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>SCHOOLER FUNERAL HOME SPICKARD MO.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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 Ross Wiese.....

Licensed Embalmer No. 3771.....

P. O. Address Spickard 710.....

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.