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FILED DEC 17 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42143

State File No.

BIRTH NO. REG. DIST. NO. L76 PRIMARY REG. DIST. NO. 5657 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>La Russell R.R. Red Oak</u>		c. CITY (If outside corporate limits, write RURAL and give township) - OR TOWN <u>La Russell R.R. Red Oak</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>0550</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Chaney Rest Home</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Fannie</u>	b. (Middle) <u>Othel</u>	c. (Last) <u>Campbell</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>11 - 15 - 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>Single</u>	8. DATE OF BIRTH <u>10-16-1870</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months <u>30</u>	IF UNDER 24 HRS. Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Rest Home</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Rest Home</u>	11. BIRTHPLACE (State or foreign country) <u>Greene Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <u>Peter Culey</u>	13b. MOTHER'S MAIDEN NAME <u>Harriett Ann Rice</u>	14. NAME OF HUSBAND OR WIFE <u>Deceased</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>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mary Shepard</u>	ADDRESS <u>2156 Summit St. Ed. 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>Lobar Pneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
11. 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)
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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 type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 11-12, 1951, to 11-15, 1951, that I last saw the deceased alive on 11-14, 1951, and that death occurred at 11 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>E. E. Coar - Doctor</u>	23b. ADDRESS <u>Joplin</u>	23c. DATE SIGNED <u>11-23-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-19-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bassville Mo.</u>	24d. LOCATION (City, town, or county) (State) <u>E. of Springfield Mo.</u>
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DATE REC'D BY LOCAL REG. <u>12-7-51</u>	REGISTRAR'S SIGNATURE <u>W. S. Barney</u>	158	25. FUNERAL DIRECTOR'S SIGNATURE <u>Mosier</u>	ADDRESS <u>Leiman Miller Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

WHILE PLAINLY USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED (DEC 13 1951

Dist. File 12-27-3126

Date Filed 12-23-51

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 E. P. Gessman

Licensed Embalmer No. 3297

P. O. Address Miller Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.