

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2388

State File No.

BIRTH NO. 42065-57 REG. DIST. NO. 295 PRIMARY REG. DIST. NO. 6012 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>TOWN Rural--N. Thomas Hill</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>TOWN Rural--N. Thomas Hill</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5 mi. north Thomas Hill</u>		d. STREET ADDRESS (If rural, give location) <u>5 miles north Thomas Hill</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Billy</u>	b. (Middle) <u>Gean</u>	c. (Last) <u>Campbell</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>February 3, 1952</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>July 16, 1951</u>	9. AGE (In years last birthday) <u>6</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>17</u>	IF UNDER 24 HRS. Hours <u>17</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (State or foreign country) <u>Columbia, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Charles Campbell</u>	13b. MOTHER'S MAIDEN NAME <u>Dovie Cresson</u>	14. NAME OF HUSBAND OR WIFE <u>none</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>Mrs. Charles Campbell; Clifton Hill</u>	ADDRESS <u>Clifton Hill</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION <u>virus pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		
	II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>492X</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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	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 Feb. 1, 1952 to 2-3-52, 1952, that I last saw the deceased alive on 2-5-52, 1952, and that death occurred at 8:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>G. Noel Rainey</u> (Degree or title) <u>D.O.</u>	23b. ADDRESS <u>Clifton Hill, Missouri</u>	23c. DATE SIGNED <u>2-4-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-5-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lagondia Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Lagondia, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>2-11-52</u>	REGISTRAR'S SIGNATURE <u>Mr. D. A. Baruchart</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Tom B. Patton Huntaville, Mo</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....

Body Not Embalmed Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed Tom B Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville, TN

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.