

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7697

State File No. ....

FILED APR 9 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4099 Registrar's No. 42

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

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Pleasant Hill</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Pleasant Hill, Mo.</u> <u>0190</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>110 Webster St.</u>		d. STREET ADDRESS (If rural, give location) <u>110 Webster Street.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Mary</u>	b. (Middle) <u>Ann</u>	c. (Last) <u>Campbell</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>3 - 19 - 52</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>Dec. 6, 1880</u>	9. AGE (In years last birthday) <u>71</u>	10. UNDER 1 YEAR Months	11. UNDER 1 YEAR Days	12. UNDER 1 YEAR Hours	13. UNDER 1 YEAR Min.
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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 <u>housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Marwell, Minnesota</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Abraham Baxter</u>	13b. MOTHER'S MAIDEN NAME <u>Ina Sophia Darling</u>	14. NAME OF HUSBAND OR WIFE <u>James M. 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>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>James M. Campbell-Pleasant Hill, Mo</u>	ADDRESS <u>Pleasant Hill, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Vascular - renal syndrome</u> 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 <u>442X</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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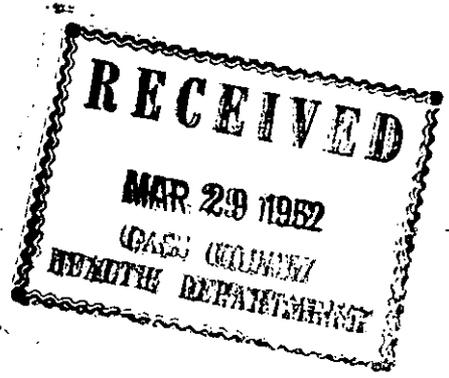
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from July, 1951, to March 19, 1952, that I last saw the deceased alive on March 19, 1952, and that death occurred at 10 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Edward Janda</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>Pleasant Hill, Mo.</u>	23c. DATE SIGNED <u>2/24/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-22-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pitts Chapel Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Cass County, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Mar 25 1952</u>	REGISTRAR'S SIGNATURE <u>Dora Barnard</u> <u>457</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>William L. Anderson</u>	ADDRESS <u>Pleasant Hill Mo.</u>
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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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed *William L. Anderson*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4674*

P. O. Address *Cresson Hill, 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.