

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **7909**

FILED APR 7 1952

BIRTH NO. **84387** REG. DIST. NO. **107** PRIMARY REG. DIST. NO. **3019** Registrar's No. **41**

1. PLACE OF DEATH a. COUNTY DUNKLIN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY DUNKLIN	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KENNETT		c. LENGTH OF STAY (In this place)	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Senath, Mo.		d. STREET ADDRESS (If rural, give location) No street address	
d. FULL NAME OF HOSPITAL OR INSTITUTION Dresnell Hospital		3. NAME OF DECEASED a. (First) TERRY b. (Middle) MORSE c. (Last) CAMPBELL	
4. DATE OF DEATH (Month) (Day) (Year) MARCH 11, 52		5. SEX Male 6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE		8. DATE OF BIRTH NOV. 30, 51	
9. AGE (In years last birthday) 0 10. MONTHS 3 11. DAYS 11		9. AGE (In years last birthday) 0 10. MONTHS 3 11. DAYS 11	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) MISSOURI		12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME Clyde Andrew Campbell		13b. MOTHER'S MAIDEN NAME Dortha M. Sue	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Clyde Campbell ADDRESS Senath Mo	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Strained Pneumonia INTERVAL BETWEEN ONSET AND DEATH ANTECEDENT CAUSES Morbidity 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 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 WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2-11 , 1952, to 3-11 , 1952, that I last saw the deceased alive on 2-11 , 1952, and that death occurred at 7:30 P. M. , from the causes and on the date stated above.			
23a. SIGNATURE L.C. Wilson M.D. (Degree or title)		23b. ADDRESS Kennett, Mo.	
23c. DATE SIGNED 3-18-52		24a. BURIAL, CREMATION, OR REMOVAL (Specify) BURIAL	
24b. DATE 3/12/52		24c. NAME OF CEMETERY OR CREMATORY M. Sue	
24d. LOCATION (City, town, or county) (State) Senath Mo.		DATE REC'D BY LOCAL REG. 3-21-52	
REGISTRAR'S SIGNATURE Howard Husband		25. FUNERAL DIRECTOR'S SIGNATURE Howard Funeral Home ADDRESS Senath, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

3520

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 3-26-52

COUNTY FILE NUMBER 352-83

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 Edwin L. Auman

Signed

Student Embalmer

Licensed Embalmer No. 4840

P. O. Address Smith, 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.