

FILED JUN 2 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15461

2013

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

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 198

1. PLACE OF DEATH a. COUNTY <i>Adair</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo.</i> b. COUNTY <i>Knox</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Kirkville Mo.</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural.</i>	
c. LENGTH OF STAY (in this place) <i>11 days</i>		d. STREET ADDRESS (If rural, give location) <i>Novelty Mo. Rt. 3.</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>K. O.H. Hospital</i>			
3. NAME OF DECEASED a. (First) <i>Lena</i> b. (Middle) <i>Sue</i> c. (Last) <i>Campbell</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>May 26 1952</i>	
5. SEX <i>F.</i>	6. COLOR OR RACE <i>W.</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>1</i>	8. DATE OF BIRTH <i>Nov. 15 1947</i>
9. AGE (In years last birthday) <i>4</i> Months <i>6</i> Days <i>11</i>		10. KIND OF BUSINESS OR INDUSTRY <i>—</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>—</i>		11. BIRTHPLACE (State or foreign country) <i>Knox Co.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>			
13a. FATHER'S NAME <i>Otha Campbell</i>		13b. MOTHER'S MAIDEN NAME <i>Fosteller Collins</i>	
14. NAME OF HUSBAND OR WIFE <i>—</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no.</i>		16. SOCIAL SECURITY NO. <i>no.</i>	
17. INFORMANT'S SIGNATURE OR NAME <i>Otha Campbell</i>		ADDRESS <i>Novelty Mo.</i>	
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) <i>Acute Cardiac Insufficiency</i> ANTECEDENT CAUSES DUE TO (b) <i>Pancarditis</i> DUE TO (c) <i>Viral Pneumonia</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Constitutional Inadequacy Prolonged Chronic Malnutrition</i>	
INTERVAL BETWEEN ONSET AND DEATH <i>20 min.</i>		8 days	
		5 weeks	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>492x</i>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Minute)		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 <i>May 15, 1952</i> to <i>May 26, 1952</i> , that I last saw the deceased alive on <i>May 26, 1952</i> , and that death occurred at <i>8:43 pm.</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>Harold G. Mangard D.O.</i>		23b. ADDRESS <i>K.O.H. Hospital, Kirkville Mo.</i>	
23c. DATE SIGNED <i>5-26-52</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>May 28 1952</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Hazel Dell</i>		24d. LOCATION (City, town, or county) (State) <i>Knox Co. Mo.</i>	
DATE REC'D BY LOCAL REG. <i>5-31-52</i>		REGISTRAR'S SIGNATURE <i>Kate Lambert</i>	
FUNERAL DIRECTOR'S SIGNATURE <i>Delphine La Plata Mo.</i>		ADDRESS <i>—</i>	

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 D. S. Christie

Licensed Embalmer No. 1109

P. O. Address Le Plata 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.