

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19210

State File No.

FILED JUN 16 1952

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 222

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

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Adair 0013	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkville	
c. LENGTH OF STAY (in this place) 3 days			
d. FULL NAME OF HOSPITAL OR INSTITUTION Grim-Smith Memorial		d. STREET ADDRESS (If rural, give location) 805 S. First	

3. NAME OF DECEASED (Type or Print)	a. (First) Alexander	b. (Middle) Martin	c. (Last) Campbell	4. DATE OF DEATH (Month) (Day) (Year) June 9, 1952
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5. SEX Male	6. COLOR OR RACE /white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 10/20/1882	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farmer, Rtd.	11. BIRTHPLACE (State or foreign country) Knox County, Mo 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME William M. Campbell	13b. MOTHER'S MAIDEN NAME Francis E. Long	14. NAME OF HUSBAND OR WIFE Anna May Fleak Campbell
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Anna May Campbell, Kirksville	ADDRESS Mo
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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 1 week unknown
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intestinal Obstruction		
	. ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) jejunal diverticulum rise to the above cause (a) stating the underlying cause last. 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 6-7-52	19b. MAJOR FINDINGS OF OPERATION Intestinal obstruction, jejunal diverticulum	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) no	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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 5721

22. I hereby certify that I attended the deceased from **6-5-52**, to **6-9-52**, that I last saw the deceased alive on **June 9, 1952** and that death occurred at **4:50 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature]	23b. ADDRESS Kirkville Mo.	23c. DATE SIGNED 6-9-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/11/52	24c. NAME OF CEMETERY OR CREMATORY I. O. O. F.	24d. LOCATION (City, town, or county) (State) Hurdland, Mo.
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DATE REC'D BY LOCAL REG. 6-13-52	REGISTRAR'S SIGNATURE Kate Lambert	EMERALD DIRECTOR'S SIGNATURE [Signature]	ADDRESS Kirkville, Mo.
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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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Richard M. Bandall

Licensed Embalmer No.

4866

P. O. Address

Yerkesville, 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: