

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19984

19984

340
3

FILED JUN 16 1952

BIRTH NO. _____ REG. DIST. NO. 101 PRIMARY REG. DIST. NO. 5399 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY Douglas				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri Calif. 8040			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ava, R. Cambell				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Los Angeles 8			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 11611 Texas Ave.,			
3. NAME OF DECEASED (Type or Print)		a. (First) Jefferson		b. (Middle) R.		c. (Last) Campbell	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 12-27-83	
9. AGE (In years last birthday) 68		10. DATE OF BIRTH 12-27-83		11. BIRTHPLACE (City and State or Foreign Country) Rome, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retard Oil Field Worker				10b. KIND OF BUSINESS OR INDUSTRY			
13a. FATHER'S NAME James #9# Campbell				13b. MOTHER'S MAIDEN NAME Rachell Lawrence			
14. NAME OF HUSBAND OR WIFE Eva Campbell				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. 647-14-5684				17. INFORMANT'S SIGNATURE OR NAME Mrs. Earl Sellers			
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, asthma, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion ANTECEDENT CAUSES Morbid 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. Chronic Myocarditis INTERVAL BETWEEN ONSET AND DEATH 8 yrs				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION 4201			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)				21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			
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?				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
22. I hereby certify that I attended the deceased from 6-8-52, to 6-8-52, 1952 that I last saw the deceased alive on 6-4-52, 1952 and that death occurred at 12:45 p.m., from the causes and on the date stated above.							
23a. SIGNATURE M. C. Hendry (Deputy or title)				23b. ADDRESS Ava, Mo			
23c. DATE SIGNED 6-4-52				24a. BURIAL, CREMATION, REMOVAL (Specify) Burial			
24b. DATE 6-9-52				24c. NAME OF CEMETERY OR CREMATORY Campbell			
24d. LOCATION (City, town, or county) McClurg, Missouri				24e. DATE REC'D BY LOCAL REG. JUN 15-52			
24f. REGISTRAR'S SIGNATURE Vestal Bushman				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Linkingbeard Funeral Home, Ava, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 20 1952

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

Charles R. Fish

Licensed Embalmer No. *4662*

P. O. Address *Ava, 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.