

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **23784**

FILED JUL 25 1952

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 544 Registrar's No. 344

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE Missouri b. COUNTY Butler	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural-Gillis Bluff Twp.		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural-Gillis Bluff Twp	
c. LENGTH OF STAY (In this place) 40 yrs		d. STREET ADDRESS (If rural, give location) Quilin, Rte. 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Quilin Rte. 1		e. FULL NAME OF HOSPITAL OR INSTITUTION	
3. NAME OF DECEASED a. (First) SIDNEY b. (Middle) ALBERT c. (Last) CAMPBELL			4. DATE OF DEATH (Month) (Day) (Year) July 8 1952
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 3, 1872
9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months 3	IF UNDER 1 YEAR Days 5	IF UNDER 1 MIN. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer-minister		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Tennessee
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Frank Campbell	
13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Eronie 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. none	
17. INFORMANT'S SIGNATURE OR NAME Tom Campbell, Quilin, Missouri		ADDRESS	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Apoplexy ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis, Septemic DUE TO (c) Hypertensive Heart Disease 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 443X	
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)		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 <u>6-16</u> , 19 <u>52</u> , to <u>7-3</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>7-3</u> , 19 <u>52</u> , and that death occurred on <u>8-30</u> Aug., from the causes and on the date stated above.			
23a. SIGNATURE Frank E. Dineen M.D.		23b. ADDRESS Quilin, Butler Co. Mo.	
23c. DATE SIGNED 7-12-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 11, 1952	
24c. NAME OF CEMETERY OR CREMATORY Quilin Cemetery		24d. LOCATION (City, town, or county) (State) Quilin, Missouri	
DATE REC'D BY LOCAL REG. 7-14-52		REGISTRAR'S SIGNATURE Wm. H. Johnson 428-0	
25. FUNERAL DIRECTOR'S SIGNATURE Landess Funeral Home, Campbell, Mo.		ADDRESS	

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

RECEIVED
JUL 23 1952
BUTLER CO. HEALTH CENTER
FILE No. 752-379

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 Christina M. Landess

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.