

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **30506**

FILED SEP 5- 1952

BIRTH NO. _____		REG. DIST. NO. 340		PRIMARY REG. DIST. NO. 3075		Registrar's No. 60	
1. PLACE OF DEATH a. COUNTY Stoddard 1031				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Stoddard 1131			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dexter		c. LENGTH OF STAY (In this place) MO: 8		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dexter 0			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) Orbra b. (Middle) Rucial c. (Last) Campbell			4. DATE OF DEATH (Month) 8 (Day) 28 (Year) 52				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 3, 1911		9. AGE (In years last birthday) 41	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Tuckerman, Arkansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Doc. Smith		13b. MOTHER'S MAIDEN NAME Julia Ann Gletcher		14. NAME OF HUSBAND OR WIFE W.P. 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.		17. INFORMANT'S SIGNATURE OR NAME X Bill Campbell			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) coronary artery - infarctus 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. Voluntary heart disease					INTERVAL BETWEEN ONSET AND DEATH 2 yrs
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 5810				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 June 15, 1952 to 8/28, 1952 , that I last saw the deceased alive on 8/25, 1952 , and that death occurred at 3:30 m., from the causes and on the date stated above.							
23a. SIGNATURE Gene Markert Smo				23b. ADDRESS Dexter Mo		23c. DATE SIGNED 8/29/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-30-1952	24c. NAME OF CEMETERY OR CREMATORY New Malden		24d. LOCATION (City, town, or county) (State) Malden, Mo.		
DATE REC'D BY LOCAL REG. 8-3-52		REGISTRAR'S SIGNATURE Velma V. [Signature]			25. FUNERAL DIRECTOR'S SIGNATURE Russell Leggett, Ark.		

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

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 _____

Leroy J. Tyler

working under my personal supervision.

Student Embalmer No. *469*

Signed *Leroy J. Tyler*
Student Embalmer

Signed

Leslie D. Russell

Licensed Embalmer No. *3855*

P. O. Address *Coalinga, Cal.*

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.