

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37620

State File No. \_\_\_\_\_

FILED DEC 15 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 30 PRIMARY REG. DIST. NO. 5102 Registrar's No. 38

2080  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Benton</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Benton</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WARSAW (RURAL)</u>		c. LENGTH OF STAY (In this place) <u>Final</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WARSAW (State Route)</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>			d. STREET ADDRESS (If rural, give location) <u>Fristoe Township</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNIE</u>		b. (Middle) <u>Belle</u>		c. (Last) <u>CAMPBELL</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 8 1952</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Aug 10, 1863</u>		9. AGE (In years last birthday) <u>90</u> if UNDER 1 YEAR Months <u>3</u> Days <u>28</u> if UNDER 1 Mth. Hours <u> </u> Mts. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Maryland</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13a. FATHER'S NAME <u>Samuel Murphy</u>		13b. MOTHER'S MAIDEN NAME <u>Lacy Ann Murphy</u>	
14. NAME OF HUSBAND OR WIFE _____		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Curtis G. Smith</u>		ADDRESS <u>Warsaw, Mo</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Senility</u>	
19. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		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) <u>Warsaw Mo</u>	
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>March, 1951</u> , to <u>8 Dec, 1952</u> , that I last saw the deceased alive on <u>Nov, 1952</u> , and that death occurred at <u>10:35 A.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>David A. Glenn</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Warsaw Mo</u>	
23c. DATE SIGNED <u>9 Dec 52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Dec 10, 1952</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>New Home Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>WARSAW Benton Co, Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John J. Reser</u>	
25. ADDRESS <u>Warsaw</u>		DATE REC'D BY LOCAL REG. <u>Dec. 10. 1952</u>		REGISTRAR'S SIGNATURE <u>Gas. A. Logan</u>	

**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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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. . .