

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

DEC 8 1952

BIRTH NO. _____ REG. DIST. NO. **187** PRIMARY REG. DIST. NO. **3080** Registrar's No. **166**

592
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY LIVINGSTON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY Livingston	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chillicothe		c. LENGTH OF STAY (in this place) 3 years	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chillicothe, Missouri RFD		d. STREET ADDRESS (If rural, give location) Price Owings Home. RFD#1.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Elliott Home 1521 Clay st.			

3. NAME OF DECEASED (Type or Print)	a. (First) PERLINA	b. (Middle) B.	c. (Last) CAMPBELL	4. DATE OF DEATH (Month) (Day) (Year) December 1, 1952
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5. SEX F	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed.	8. DATE OF BIRTH May 7th, 1970	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months 6 Days 24	IF UNDER 1 HR. Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper	10b. KIND OF BUSINESS OR INDUSTRY XXXX	11. BIRTHPLACE (City and State or Foreign Country) Higginsville, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME George H. Miller	13b. MOTHER'S MAIDEN NAME Mary Ann Corder,	14. NAME OF HUSBAND OR WIFE James D. Campbell,
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Unknown	16. SOCIAL SECURITY NO. NO =	17. INFORMANT'S SIGNATURE OR NAME Mrs Price Owings,	ADDRESS 1, Chillicothe, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		19. INTERVAL BETWEEN ONSET AND DEATH 1 day 2 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia, Terminal Bilateral		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiac Decompensation 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	19b. MAJOR FINDINGS OF OPERATION 4 34 3	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **June 19 1952**, to **Dec 1 1952**, that I last saw the deceased alive on **Dec 1 1952**, and that death occurred at **10:30 AM** from the causes and on the date stated above.

22a. SIGNATURE Joseph A. Conrad M.D.	(Degree or title)	22b. ADDRESS Chillicothe, Mo	22c. DATE SIGNED Dec. 3-52
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23a. BURIAL CREMATION, REMOVAL (Specify) Burial	23b. DATE Dec. 4th, 1952	23c. NAME OF CEMETERY OR CREMATORY Bates City Cemetery	23d. LOCATION (City, town, or county) (State) 6 M West. Odessa, Mo.
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DATE REC'D BY LOCAL REG. 12/3/52	REGISTRAR'S SIGNATURE Francis B. Neill	25. FUNERAL DIRECTOR'S SIGNATURE Clifford W. Austin	ADDRESS Tina, Missouri
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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 _____

Clifford W. Fuster

Licensed Embalmer No. 3233

P. O. Address Tina, Missouri

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.