No. 300
10-48

FILED DEC 15 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39444

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 396

644
0

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Elizabeth Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Marion
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal 0644
d. STREET ADDRESS (If rural, give location): 2619 St. Mary's Ave., 0

3. NAME OF DECEASED (Type or Print)
a. (First): Ray
b. (Middle): J.
c. (Last): Campbell

4. DATE OF DEATH (Month) (Day) (Year): 11-29-1952

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married /
8. DATE OF BIRTH: 3/11/1885
9. AGE (In years last birthday): 67 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shoe Worker
10b. KIND OF BUSINESS OR INDUSTRY: Shoe Co.
11. BIRTHPLACE (City and State or Foreign Country): Ohio /
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: John Campbell
13b. MOTHER'S MAIDEN NAME: Olive Scott
14. NAME OF HUSBAND OR WIFE: Susie 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: Mrs. Susie Campbell, 2619 St. Mary's, Hannibal Mo. — 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Haemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 11-22-52

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension — 7.
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: 331X
20. AUTOPSY? YES ☐ NO ☑

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-22, 1952, *to* 11-29, 1952, *that I last saw the deceased alive on* 11-29, 1952, *and that death occurred at* 9:25P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] Mrs
23b. ADDRESS: Hannibal Mo
23c. DATE SIGNED: Dec-3-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0
24b. DATE: Dec. 2, 1952
24c. NAME OF CEMETERY OR CREMATORY: St. Mary's
24d. LOCATION (City, town, or county) (State): Hannibal, Marion, Mo.

DATE REC'D BY LOCAL REG.: 12/3/52
REGISTRAR'S SIGNATURE: [signature] Deputy
25. FUNERAL DIRECTOR'S SIGNATURE: Michael J. O'Donnell — ADDRESS: Hannibal Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 12-11-52
MARION CO. HEALTH DEPT.
DATE FILED 12-12-52

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 Michael J. O'Connell

Licensed Embalmer No. 3246

P. O. Address Hannibal 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.