

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

 DR. CLARKE  
 State File No. **41997**

FILED DEC 22 1952

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>1119</u>	
1. PLACE OF DEATH a. COUNTY <u>GREENE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>GREENE</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SPRINGFIELD</u>			c. LENGTH OF STAY (In this place) <u>LIFE</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SPRINGFIELD</u> <u>0396</u>			d. STREET ADDRESS (If rural, give location) <u>531 W. WEBSTER</u> <u>0</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. JOHN HOSP.</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROBERT</u>			b. (Middle) <u>G.</u>	c. (Last) <u>CAMPBELL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 14, 1952</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>DEC. 12</u>		9. AGE (In years last birthday) <u>73</u>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 18 YRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED WEIGHT INSPECTOR</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>SPRINGFIELD, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>LUCIAN CAMPBELL.</u>			13b. MOTHER'S MAIDEN NAME <u>JOSEPHINE STRAW</u>		14. NAME OF HUSBAND OR WIFE <u>X</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. MAX BEEZLEY SPFLD, MO.</u>				
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) <u>Respiratory Failure</u>				INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atelactasis of Mediastinal Hemorrhage and emphysema</u>				<u>48 hrs</u>			
DUE TO (c) <u>TRAUMA?</u>				<u>48 hrs</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Laceration of Contusion of head &amp; TRUNK</u>				<u>48 hrs</u>			
19a. DATE OF OPERATION <u>12-13-52</u>		19b. MAJOR FINDINGS OF OPERATION <u>E983X</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Homicide?</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Springfield GREENE MO.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>12-12-52 1:30</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? A blow or blows struck by & with the hand or hands of assailant			
22. I hereby certify that I attended the deceased from <u>12-12</u> <u>1952</u> to <u>12-14</u> <u>1952</u> , that I last saw the deceased alive on <u>12-14</u> <u>1952</u> , and that death occurred at <u>12:15</u> <u>PM</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Michael J. Clarke M.D.</u>				23b. ADDRESS <u>1630 N. Jefferson</u>		23c. DATE SIGNED <u>12-15-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12/16/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST. MARY</u>		24d. LOCATION (City, town, or county) (State) <u>SPRINGFIELD, MO.</u>		
DATE REC'D BY LOCAL REG. <u>12-17-52</u>		REGISTRAR'S SIGNATURE <u>Edith Williamson Registrar</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H.H. LOHMEYER SPRINGFIELD, MO.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

1948 7 0 1988

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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 James T. Swadley

Licensed Embalmer No. 48157

P. O. Address Springfield

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.