

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2541

State File No. ....

FILED FEB 10 1953

BIRTH NO. 0810 REG. DIST. NO. 276 PRIMARY REG. DIST. NO. 5945 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY Phelps				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Phelps					
b. CITY (If outside corporate limits, write RURAL and give town) Rural			c. LENGTH OF STAY (In this place) 17 years			c. CITY (If outside corporate limits, write RURAL and give township) Rural <u>0814</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION: South Dillion Twp				d. STREET ADDRESS (If rural, give location) South Dillion Twp. <u>0</u>					
3. NAME OF DECEASED (Type or Print) WILLIAM			a. (First)		b. (Middle)		c. (Last) CAMPBELL		
4. DATE OF DEATH Feb. 1, 1953		5. SEX <u>0</u> Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Jan. 31, 1875	
9. AGE (In years last birthday) 78		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Loudon County, Tenn. <u>1</u>		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Columbus Campbell			13b. MOTHER'S MAIDEN NAME Sarah Loche			14. NAME OF HUSBAND OR WIFE Virginia Queen Campbell			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. William Campbell		ADDRESS R. F. D. 1, Rolla, Mo			
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebral hemorrhage  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH Immediate	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>atherosclerosis</u> <u>Hypertension</u> <u>331X</u>				19a. 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)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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>past 18 years</u> , 19____, that I last saw the deceased alive on <u>2-1</u> , 1953, and that death occurred at <u>10:00A</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>E. E. Feind M.D.</u>				23b. ADDRESS <u>Rolla</u>			23c. DATE SIGNED <u>2-2-53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 3, 1953		24c. NAME OF CEMETERY OR CREMATORY Rolla		24d. LOCATION (City, town, or county) (State) Rolla, Missouri			
DATE REC'D BY LOCAL REG. 2-7-53		REGISTRAR'S SIGNATURE <u>Ruth B Powell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Hollen</u>		ADDRESS 1100 Elm, Rolla, Missouri			

(Licensed Embalmer's Statement on Reverse Side)

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

County File Number \_\_\_\_\_

Date Filed 2-9-53

MAR 10 1953

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 Jack H. Coe

Licensed Embalmer No. 3643

P. O. Address Pella, 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.