

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 3 1953

State File No. 4462

BIRTH NO. _____		REG. DIST. NO. 325		PRIMARY REG. DIST. NO. 6100		Registrar's No. 2	
1. PLACE OF DEATH a. CITY Schuyler				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Schuyler			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Greentop, Rural		c. LENGTH OF STAY (In this place) <i>Self Supportive</i> Life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural--Salt River		0980	
d. FULL NAME OF HOSPITAL OR INSTITUTION R. F. D. #2				d. STREET ADDRESS (If rural, give location) R. F. D. #2 Greentop Mo.			
3. NAME OF DECEASED (Type or Print) a. (First) Ora		b. (Middle) Elbert		c. (Last) Campbell		4. DATE OF DEATH (Month) (Day) (Year) Jan. 24, 1953	
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <i>Married</i> (Specify)		8. DATE OF BIRTH Oct. 5, 1875	
9. AGE (In years last birthday) 77		10. UNDER 1 YEAR Months		11. UNDER 12 HRS. Hours		12. MIN. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and State or Foreign Country) Putman County, Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Lewis Campbell			13b. MOTHER'S MAIDEN NAME Frances Branscom			14. NAME OF HUSBAND OR WIFE Nancy Fugate 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 ADDRESS Mrs. Nancy Campbell, Greentop, 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) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Acute influenza DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 1 WK
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)		21d. (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 October 10, 1952, to 24 Dec, 1952, that I last saw the deceased alive on 24 Dec, 1952, and that death occurred at 10:05 P. M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) John L. Biggs, M.D.				23b. ADDRESS Kirksville, Mo.		23c. DATE SIGNED 26 Jan. 53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/26/53		24c. NAME OF CEMETERY OR CREMATORY Fugate		24d. LOCATION (City, town, or county) (State) Schuyler Co., Mo.	
DATE REC'D BY LOCAL REG. Jan. 28-2-53		REGISTRAR'S SIGNATURE Mrs. Mrs. Drake		25. FUNERAL DIRECTOR'S SIGNATURE (Name of Director) Kirksville, Mo.		ADDRESS Kirksville, Mo.	

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

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

Richard W. Bandall

Licensed Embalmer No. *4866*

P. O. Address *Fiskville, 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.