

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8724

State File No.

FILED APR 14 1953

BIRTH NO. _____ REG. DIST. NO. 14 PRIMARY REG. DIST. NO. 5063 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>Barton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Barton City Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Barton City Twp.</u>	
c. LENGTH OF STAY (in this place) <u>All life</u>		d. STREET ADDRESS (If rural, give location) <u>Route 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home</u>			

3. NAME OF DECEASED (Type or Print) <u>Archie Campbell</u>			4. DATE OF DEATH <u>March 25, 1953</u>		
a. (First)	b. (Middle)		c. (Last)		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Aug. 21, 1896</u>		9. AGE (In years last birthday) <u>56</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Barton Co., Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>W. R. Campbell</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah E. Hart</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. John Campbell, Iantha, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary stenosis</u>		ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Hypertension</u>			
		DUE TO (c) <u>Obesity</u>			
II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>0</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>0</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>0 0 0</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>0 0 0</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>0</u>	

22. I hereby certify that I attended the deceased from Mar., 1952 to Mar., 1953, that I last saw the deceased alive on Mar 1, 1953, and that death occurred at 6 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>A. G. Eddlemont M.D.</u> (Degree or title)		23b. ADDRESS <u>Liberal Mo</u>		23c. DATE SIGNED <u>3/25/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-27-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Barton City Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Barton Co., Missouri</u>					

DATE RECD BY LOCAL REG. <u>April 6 1953</u>		REGISTRAR'S SIGNATURE <u>Charlotte McDowell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Chiles Funeral Home, Lamer, Mo.</u>	
				ADDRESS	

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

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APR 1 1958

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 Charles W. Chiles

Licensed Embalmer No. 3473

P. O. Address James 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.