

S. No. 300
v. 10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13342**

FILED MAY 4 1953

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **485**

1117

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

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Harrison	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Martinsville 0410	
c. LENGTH OF STAY (In this place) 1 month		d. STREET ADDRESS (If rural, give location) /	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Metho. Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) HOWARD c. (Last) McCAMPBELL			4. DATE OF DEATH (Month) (Day) (Year) April 20, 1953		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Sept 4, 1879		9. AGE (In years last birthday) 73		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	
11. BIRTHPLACE (State or foreign country) Indiana		12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME James W. McCampbell	
13b. MOTHER'S MAIDEN NAME Mary Ann unk		14. NAME OF HUSBAND OR WIFE Mattie B.		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	
16. SOCIAL SECURITY NO. ----		17. INFORMANT'S SIGNATURE OR NAME Mrs Mattie B. McCampbell		18. ADDRESS Martinsville	

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) Arteriosclerotic Heart Disease			INTERVAL BETWEEN ONSET AND DEATH UNK.
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) _____ DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Pulmonary Infarction-cerebral & Renal Arteriosclerosis			unk.
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4200			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.)		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 **Feb 21, 1953**, to **Apr 20, 1953**, that I last saw the deceased alive on **Apr 20, 1953**, and that death occurred at **11:15 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Harold J. Brown M.D.		23b. ADDRESS St. Joseph, Mo.		23c. DATE SIGNED 4-21-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Apr 20, 53		24c. NAME OF CEMETERY OR CREMATOR Albany, Mo.	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Heaton Bowman Funeral Home			

DATE REC'D BY LOCAL REG. April 28, 1953		REGISTRAR'S SIGNATURE Kathleen M. Allison		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Heaton Bowman Funeral Home	
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(Licensed Embalmer's Statement on Reverse Side) **St. Joseph, Mo.**

JUN 3 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 William Spelding

Licensed Embalmer No. 4535

P. O. Address 319 S. 117th St. Joseph, 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.