

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **13826**

FILED MAY 11 1953

BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 5446 Registrar's No. 52

1380
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Gentry			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Gentry		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Stanberry Cooper		c. LENGTH OF STAY (in this place) 17 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cooper Township		1380
d. FULL NAME OF HOSPITAL OR INSTITUTION North of Stanberry			d. STREET ADDRESS 3 miles North		

3. NAME OF DECEASED (Type or Print) a. (First) Mr. Ralph		b. (Middle) McC		c. (Last) Campbell		4. DATE OF DEATH (Month) (Day) (Year) May 4 1953	
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Apr 3 1893		9. AGE (In years (last birthday) (Month) (Day) (Hour) (Min.)) 60	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farm and Livestock		11. BIRTHPLACE (State or foreign country) Hopkins, Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Harry B. McCampbell			13b. MOTHER'S MAIDEN NAME Martha E. Stogleman			14. NAME OF HUSBAND OR WIFE Mrs. Velma McCampbell		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE AND NAME Mrs. Velma McCampbell		ADDRESS Stanberry, Mo.	
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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) Asphyxiation - Farden tractor	ANTECEDENT CAUSES turned over thereby falling on victim						
* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) who fell over down in mud and water. Weight of tractor holding victim's head						
	DUE TO (c) under mud and water.						
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)							

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION E9121 3						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) 638	
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 June, 1951 to May 4, 1953, that I last saw the deceased alive on May 3, 1953, and that death occurred at 2 P. M. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Paul E. Mueselma D.O.		23b. ADDRESS Stanberry Mo.		23c. DATE SIGNED 5-6-53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 6 1953	24c. NAME OF CEMETERY OR CREMATORY High Ridge Cemetery		24d. LOCATION (City, town, or county) (State) Stanberry, Mo.	
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DATE REC'D BY LOCAL REG. May 7-53	REGISTRAR'S SIGNATURE Maudie Williams		25. FUNERAL DIRECTOR'S SIGNATURE John P. Phillips		ADDRESS Stanberry
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(Licensed Embalmer's Statement on Reverse Side)

MO

MAY 8 8 AM

NOV 28 1962

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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____

Signed

Leroy G. Phillips

Licensed Embalmer No. ~~1898~~ 1898

P. O. Address *Stonbury, Md*

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.