

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 22 1953

BIRTH NO.		REG. DIST. NO. <u>169</u>		PRIMARY REG. DIST. NO. <u>4263</u>		Registrar's No. <u>31</u>	
1. PLACE OF DEATH a. COUNTY <u>KNOX</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>KNOX</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Novelty</u>		c. LENGTH OF STAY (in this place) <u>life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Novelty</u>		<u>0520</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u>		b. (Middle) <u>Ellen</u>		c. (Last) <u>Campbell</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 19 1953</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>March 26, 1865</u>		9. AGE (In years last birthday) <u>88</u> IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>USA</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Thomas Stagner</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Haley</u>		14. NAME OF HUSBAND OR WIFE <u>James F. Campbell</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr James F. Campbell</u>			
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bronchial Pneumonia</u> DUE TO (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>General infirmities</u>				INTERVAL BETWEEN ONSET AND DEATH <u>April 12 to April 17 1953</u>	
19a. DATE OF OPERATION		19b: MAJOR FINDINGS OF OPERATION: <u>4222</u>				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 checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>April 13, 1953</u> , to <u>April 15, 1953</u> , that I last saw the deceased alive on <u>April 15, 1953</u> , and that death occurred at <u>5 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>E. O. Holmes M.D.</u>				23b. ADDRESS <u>Novelty, Mo.</u>		23c. DATE SIGNED <u>April 17-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 17, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hazel Dell Cemetary</u>		24d. LOCATION (City, town, or county) (State) <u>Knox County Mo.</u>		
DATE REC'D BY LOCAL REG. <u>April 20-1953</u>		REGISTRAR'S SIGNATURE <u>Willie A. Hunt</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>A. J. Rimm</u>		ADDRESS <u>Edina, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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APR 24 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 *Mrs J. W. Hudson*

Licensed Embalmer No. *2972*

P. O. Address *Edina, Minn.*

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.