

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22270**

FILED JUN 29 1953

BIRTH NO. _____ REG. DIST. NO. **234** PRIMARY REG. DIST. NO. **5814** Registrar's No. **14**

1. PLACE OF DEATH a. COUNTY Morgan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Morgan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Buffalo Twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Buffalo Twp.	
c. LENGTH OF STAY (In this place) 50 yrs.		d. STREET ADDRESS (If rural, give location) 12 miles S.W. Versailles	
d. FULL NAME OF HOSPITAL OR INSTITUTION 12 miles S.W. Versailles		e. STREET ADDRESS (If rural, give location) 12 miles S.W. Versailles	

3. NAME OF DECEASED (Type or Print) Joseph Robert Campbell			4. DATE OF DEATH June 10, 1953		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH May 14, 1890			9. AGE (In years last birthday) 63		10. CITIZEN OF WHAT COUNTRY? U.S.
11. BIRTHPLACE (City and State or Foreign Country) Benton County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME John Campbell		13b. MOTHER'S MAIDEN NAME Millisa Summers		14. NAME OF HUSBAND OR WIFE Louisana Campbell	
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 OR NAME Louisana Campbell ADDRESS Versailles, 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, asthma, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH immediate	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Hypertension unknown	
		DUE TO (c)			
		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		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) Morgan County, Mo.	
21d. TIME OF INJURY (Month), (Day), (Year) (Hour)		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 10, 1953 to June 10, 1953, that I last saw the deceased alive on June 10, 1953, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE Paul D. Latham (Degree or title) Coroner		23b. ADDRESS Versailles, Mo.		23c. DATE SIGNED 6-10-53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 12, 1953		24c. NAME OF CEMETERY OR CREMATORY Stover Cemetery		24d. LOCATION (City, town, or county) (State) Stover, Mo.	
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DATE REC'D BY LOCAL REG. June 25 1953		REGISTRAR'S SIGNATURE Dr. L. Rieperger		25. FUNERAL DIRECTOR'S SIGNATURE J. H. Stearns ADDRESS Stover, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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 J. L. Stevenson

Licensed Embalmer No. 4073

P. O. Address Stover 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.