

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

29449

State File No. \_\_\_\_\_ Registrar's No. 166

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 4383

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Graham</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Graham - rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0740</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Cecil</u>	b. (Middle)	c. (Last) <u>Campbell</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>8-29-1953</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>6-18-1910</u>	9. AGE (In years last birthday) <u>43</u>	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Hours	IF UNDER 15 HRS. Min.
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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>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Hogan - Utah</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Dr. Henry Campbell</u>	13b. MOTHER'S MAIDEN NAME <u>Oran Kyle</u>	14. NAME OF HUSBAND OR WIFE <u>Ruby Campbell</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ruby Campbell - Graham - Mo.</u>	ADDRESS <u>Graham - Mo.</u>
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u> <u>2 years.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>		
	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 <u>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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 8-25, 1953, to 8-29, 1953, that I last saw the deceased alive on 8-25, 1953, and that death occurred at 8:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. R. Johnson, M.D.</u>	23b. ADDRESS <u>Marionville Mo</u>	23c. DATE SIGNED <u>9-1-53</u>
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24a. BURIAL, CREMA- TION, OR REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-1-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Graham Cerm -</u>	24d. LOCATION (City, town, or county) (State) <u>Graham - Mo</u>
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DATE REC'D BY LOCAL REG. <u>9-5-53</u>	REGISTRAR'S SIGNATURE <u>Leas</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. R. Johnson</u>	ADDRESS <u>Marionville Mo</u>
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

No. 300  
10-48

FILED SEP 8 - 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

*R. M. Atkinson*

Licensed Embalmer No. *2379*

P. O. Address *Maryville 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.