

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34792
44

OCT 6 - 1953

BIRTH NO. _____ REG. DIST. NO. 381 PRIMARY REG. DIST. NO. 4515 Registrar's No. _____

1050
0

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

1. PLACE OF DEATH a. COUNTY <u>Sullivan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Sullivan</u>	
b. CITY OR TOWN <u>Mulan</u>	c. LENGTH OF STAY (in this place) <u>5 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Pollock</u> <u>1050</u> OR TOWN <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sull. Co. Memorial Hospit</u>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Eli</u>	b. (Middle)	c. (Last) <u>Campbell</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>9 - 20 - 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>never married</u>	8. DATE OF BIRTH <u>4-14-1865</u>	9. AGE (In years last birthday) <u>88</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>6</u>	IF UNDER 1 YEAR Hours _____ Min. _____
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10a. USUAL OCCUPATION (The kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY <u>farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Pollock - Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Eli Campbell</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Jane Myers</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Weaver Campbell</u>	ADDRESS <u>Mulan - 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senile changes</u>		<u>unknown</u>
ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>arteriosclerosis</u> <u>unknown</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	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)
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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?
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22. I hereby certify that I attended the deceased from 9-15, 1953, to 9-20, 1953, that I last saw the deceased alive on 9-20, 1953, and that death occurred at 5:20 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>W. Simpson</u> (Degree or title)	23b. ADDRESS <u>Mulan Mo</u>	23c. DATE SIGNED <u>9-21-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>9-22-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Campbell Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Pollock - Mo</u>
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DATE REC'D BY LOCAL REG. <u>Sept 30 - 1953</u>	REGISTRAR'S SIGNATURE <u>Mrs. H. B. Harris</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Schoene</u>	ADDRESS <u>Mulan Mo.</u>
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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 Dwight Schoenier

Licensed Embalmer No. 2667

P. O. Address Milwaukee, Wis.

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.