

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34867**

No. 200
10.48
140
4

FILED **SEP 28 1953**
BIRTH NO. _____ REG. DIST. NO. **375** PRIMARY REG. DIST. NO. **6280** Registrar's No. **36**

1. PLACE OF DEATH a. COUNTY WRIGHT		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. b. COUNTY WRIGHT	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN HARTVILLE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN HARTVILLE	
c. LENGTH OF STAY (in this place) 2 YRS		1140 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION COFFMAN REST HOME		d. STREET ADDRESS (If rural, give location) NONE	

3. NAME OF DECEASED (Type or Print) a. (First) Robert b. (Middle) Lee c. (Last) Campbell			4. DATE OF DEATH (Month) (Day) (Year) 9 11 53		
5. SEX Male	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH 8-18-1868	9. AGE (In years last birthday) 85	# UNDER 1 YEAR Months 24 Days # UNDER 1 MTH. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY ✓		11. BIRTHPLACE (City and State or Foreign Country) Tennessee	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME UNKNOWN	13b. MOTHER'S MAIDEN NAME Seyelda Jane	14. NAME OF HUSBAND OR WIFE UNKNOWN
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 ADDRESS Fred Coffman, Hartville

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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 days 2 weeks
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Virus Pneumonia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Virus diarrhea 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 5711	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)	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 **9-1**, 19**53**, to **9-11**, 19**53**, that I last saw the deceased alive on **9-11**, 19**53**, and that death occurred at **3:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE F. M. ...	(Degree or title)	23b. ADDRESS Hartville Mo	23c. DATE SIGNED 9-22-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 9-13-53	24c. NAME OF CEMETERY OR CREMATORY Steele-Mem	24d. LOCATION (City, town, or county) (State) HARTVILLE MO
DATE REC'D BY LOCAL REG. 9-24-53	REGISTRAR'S SIGNATURE B. J. Garner	546 -	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John S. Simpson Hartville

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

RECEIVED SEP 26 1953
WRIGHT CO. HEALTH DEPT
County File Number 953-~~88~~
Date Filed 9-26-53

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 Glen D Williams

Licensed Embalmer No. 4653

P. O. Address Marshfield Ga

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.