

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35208**

FILED NOV 13 1953
BIRTH NO. _____ REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **4067** Registrar's No. **369**

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Callaway	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Auxvasse	c. LENGTH OF STAY (in this place) 50 yrs	c. CITY OR TOWN Auxvasse	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence		* STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) Susan b. (Middle) S. c. (Last) Campbell		4. DATE OF DEATH (Month) (Day) (Year) Nov. 6, 1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH May-13-1875
9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Months 7 Days 7	IF UNDER 24 HRS. Hours 7 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (City and State or Foreign Country) Callaway County Mo.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Joseph W. Henderson	
13b. MOTHER'S MAIDEN NAME Lucy McKamey		14. NAME OF HUSBAND OR WIFE D.K.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no	
17. INFORMANT'S SIGNATURE OR NAME Edwin E. Campbell		ADDRESS Auxvasse 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio Sclerosis 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 4201	
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 1950 , to Nov 6, 1953 , that I last saw the deceased alive on Nov 6, 1953 and that death occurred at 1:20 P.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) A. H. Duncan		23b. ADDRESS Auxvasse Mo.	
23c. DATE SIGNED Nov 9, 1953			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 8, 1953	
24c. NAME OF CEMETERY OR CREMATORY Auxvasse		24d. LOCATION (City, town, or county) (State) Auxvasse Missouri	
DATE REC'D BY LOCAL REG. Nov. 14-1953		REGISTRAR'S SIGNATURE Maretha Lawrence	
25. FUNERAL DIRECTOR'S SIGNATURE Murphy F. A.		ADDRESS Auxvasse Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 10 1954

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.....
Signature of Student Embalmer

Signed.....
J. J. Ross

Licensed Embalmer No. *2585*

P. O. Address *Fullerton*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.