

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44870**

FILED **DEC 29 1953**

BIRTH NO. _____ REG. DIST. NO. **328** PRIMARY REG. DIST. NO. **3073** Registrar's No. **40**

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

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Scott	
b. CITY (If outside corporate limits, write RURAL and give township) Chaffee	c. LENGTH OF STAY (In this place) 48 years	c. CITY (If outside corporate limits, write RURAL and give township) Chaffee	
d. FULL NAME OF HOSPITAL OR INSTITUTION At Home 330 W Yorkum		d. STREET ADDRESS (If rural, give location) 330 W Yorkum Ave	

3. NAME OF DECEASED (Type or Print) a. (First) Stelha b. (Middle) Drinkard c. (Last) Campbell	4. DATE OF DEATH (Month) (Day) (Year) Dec 18, 1953
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5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sep 8, 1883	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 48 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Spentonsville, Ark	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME James Blue N. Drinkard	13b. MOTHER'S MAIDEN NAME Jemison Mason	14. NAME OF HUSBAND OR WIFE Henry Chay Campbell
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Miss Bearetha Campbell ADDRESS Chaffee
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ACUTE MYOCARDIAL DECOMPENSATION		30 min.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) MYOCARDIOSIS, ARTERIOSCLEROSIS DUE TO (c) _____		5 YRS?
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. GASTRITIS, BILIARY STASIS, CARDIOVASCULAR		6 MO.	

19a. DATE OF OPERATION NONE	19b. MAJOR FINDINGS OF OPERATION NONE	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) NATURAL	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) NONE	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) NONE	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 **12-17, 1953** to **12-18, 1953**, that I last saw the deceased alive on **12-18, 1953**, and that death occurred at **3:10 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. J. Mosebach, D.O.	23b. ADDRESS Chaffee, Mo	23c. DATE SIGNED 12-19-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 12-22-53	24c. NAME OF CEMETERY OR CREMATORY Memorial Park	24d. LOCATION (City, town, or county) (State) Cape Co., Mo
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DATE REC'D BY LOCAL REG. 12-23-53	REGISTRAR'S SIGNATURE Mrs. Fred Buehler	25. FUNERAL DIRECTOR'S SIGNATURE Bisplinghoff Funeral Home ADDRESS Chaffee Mo
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RECEIVED ~~1258~~ 12-22-53
SCOTT COUNTY HEALTH CENTER
CO. FILE NO. 1253-272

FEB 18 1958

FEB 26 1958

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

Jack J. Burnett

Licensed Embalmer No. 4473

P. O. Address Chaffee, Missouri

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.