

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9099**

BIRTH NO. **FILE APR 14 1954** REG. DIST. NO. **156** PRIMARY REG. DIST. NO. **2001** Registrar's No. **149**

1. PLACE OF DEATH a. COUNTY <b>JASPER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JASPER</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JOPLIN</b>		c. CITY OR TOWN <b>JOPLIN</b>	c. LENGTH OF STAY (In this place) <b>7 WEEKS</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>FREEMAN HOSPITAL</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <b>1504 BYERS AVE.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>GLADYS</b>		b. (Middle) <b>L.</b>		c. (Last) <b>CAMPBELL</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>APR. 4, 1954</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>JUNE 26, 1904</b>		9. AGE (In years last birthday) <b>49</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>HOUSEWIFE</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>JOPLIN, MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>JOHN B. PEARSON</b>		13b. MOTHER'S MAIDEN NAME <b>LULA S. WIESE</b>		14. NAME OF HUSBAND OR WIFE <b>FLOYD CAMPBELL</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NO.</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>FLOYD CAMPBELL - 1504 BYERS AVE.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of the colon</b>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>153 X</b>			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			

19a. DATE OF OPERATION <b>12-8-53</b>		19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma with general metastasis to the peritoneum.</b>		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 **April 17, 1952**, to **April 4, 1954**, that I last saw the deceased alive on **April 3, 1954**, and that death occurred at **11:40 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Walter E. James</b> (Degree or title)		23b. ADDRESS <b>First Natl Bldg., Joplin, Mo.</b>		23c. DATE SIGNED <b>April 6, 1954</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>4-6-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>MT. HOPE CEMETERY</b>	
24d. LOCATION (City, town, or county) (State) <b>WEBB CITY, MISSOURI</b>					

DATE REC'D BY LOCAL REG. <b>4-8-54</b>		REGISTRAR'S SIGNATURE <b>Walter E. James</b> <b>138</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>STEVE PARKER MORTUARY, JOPLIN, MO.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

RECEIVED APR 1  
Jasper County Health  
County File Number 54  
Date Filed APR 1

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 *F. M. Jones*.....  
Licensed Embalmer No. 231

P. O. Address *Joplin*

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.