

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. **FILED APR 15 1954** REG. DIST. NO. **278** PRIMARY REG. DIST. NO. **3054** Registrar's No. **39**

1. PLACE OF DEATH a. COUNTY PIKE		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE MO b. COUNTY Pike	
b. CITY OR TOWN Louisiana		c. CITY OR TOWN Bowling Green	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Pike Co. Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) ROSA b. (Middle) DELLE c. (Last) CAMBLE		4. DATE OF DEATH (Month) (Day) (Year) Apr 4 1954	
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Aug 9 1897
9a. USUAL OCCUPATION (Give kind of work done during most of working life. Even if retired) Housewife		9b. KIND OF BUSINESS OR INDUSTRY	9c. AGE (In years last birthday) 56 Months 7 Days 28 Hours 28 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life. Even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTH PLACE (City and State or Foreign Country) Cape Girardeau MO
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME John H Reynolds	

13a. FATHER'S NAME John H Reynolds		13b. MOTHER'S MAIDEN NAME Ivy Campbell		14. NAME OF HUSBAND OR WIFE Archie Campbell	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Mr. A. L. Campbell ADDRESS Bowling Green	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Accident		INTERVAL BETWEEN ONSET AND DEATH 10 days
		ANTECEDENT CAUSES DUE TO (b) Diabetes Mellitus		
		DUE TO (c) Nephritis, peripheral vascular disease		
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 260X		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 **10/1**, 19**53**, to **4/4**, 19**54**, that I last saw the deceased alive on **4/4**, 19**54**, and that death occurred at **2 1/2** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John W. Middleton M.D.		23b. ADDRESS Louisiana Mo		23c. DATE SIGNED 4/8/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Apr 8 1954		24c. NAME OF CEMETERY OR CREMATORY Bowling Green	
				24d. LOCATION (City, town, or county) (State) Bowling Green MO	

DATE REC'D BY LOCAL REG. April 8, 1954		REGISTRAR'S SIGNATURE Bernice Collier		25. FUNERAL DIRECTOR'S SIGNATURE Grace Bankhead ADDRESS Bowling Green Mo	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

821 0

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 Harold C. Kirk

Licensed Embalmer No. 4597

P. O. Address Berkeley, Calif.

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.