

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

11233

State File No.

Registrar's No. **442**

FILED **MAY 3 1954** REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000**

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| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). | |
| a. COUNTY Buchanan | b. STATE Missouri | | c. COUNTY Holt <i>0750</i> |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph | c. LENGTH OF STAY (in this place) 2 weeks | c. CITY OR TOWN Oregon | 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 Missouri Methodist Hospital | | e. STREET ADDRESS (If rural, give location) | |

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|---|----------------------------|--------------------------------|------------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) JAMES | b. (Middle) CLARENCE | c. (Last) CAMPBELL | 4. DATE OF DEATH (Month) (Day) (Year) April 24, 1954 |
|---|----------------------------|--------------------------------|------------------------------|--|

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|---------------------------------------|---|--|--|---|-------------------------------------|-----------------------------------|------------------------------------|-----------------------------------|
| 5. SEX Male <i>0</i> | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married <i>0</i> | 8. DATE OF BIRTH Dec. 5, 1915 | 9. AGE (In years last birthday) 38 | 10. F UNDER 1 YEAR Months | 11. F UNDER 1 YEAR Days | 12. F UNDER 1 YEAR Hours | 13. F UNDER 1 YEAR Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck driver | 10b. KIND OF BUSINESS OR INDUSTRY Trucking | 11. BIRTHPLACE (City and State or Foreign Country) Maitland, Missouri <i>0</i> | 12. CITIZEN OF WHAT COUNTRY? USA |
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|---|---|---|
| 13a. FATHER'S NAME George Campbell | 13b. MOTHER'S MAIDEN NAME Effie May Galloway | 14. NAME OF HUSBAND OR WIFE None |
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| 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. 486-16-4042 | 17. INFORMANT'S SIGNATURE OR NAME Leonard Campbell, Oregon, Mo. | ADDRESS |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i> | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 3 days |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gastric Hemorrhage | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Ulcer peptic duodenum DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | 6 mos. | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 5410 | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, shop, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
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| | | |
|---|--|-----------------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 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 Apr 10, 1954, to Apr 24, 1954, that I last saw the deceased alive on Apr 24, 1954, and that death occurred at 8:00A m., from the causes and on the date stated above.

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|--|-------------------|---|---|
| 23a. SIGNATURE <i>John Hargrave M.D.</i> | (Degree or title) | 23b. ADDRESS 420 No. 8th St., City | 23c. DATE SIGNED 4-28-54 |
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| | | | |
|---|---|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE Apr 27, 1954 | 24c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery | 24d. LOCATION (City, town, or county) (State) Maitland, Missouri |
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| | | | | |
|--|--|------------|--|---------------------------------|
| DATE REC'D BY LOCAL REG. April 30, 1954 | REGISTRAR'S SIGNATURE <i>Kathleen M. Allison</i> | 485 | 25. FUNERAL DIRECTOR'S SIGNATURE <i>James H. Pettigrew</i> | ADDRESS Oregon |
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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

117
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.....
Signature of Student Embalmer

Signed *James S. Pettigrove*
Licensed Embalmer No. *319*
P. O. Address *Oregon*

**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.**