No. 300
10-48

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

State File No. 11322

FILED APR 28 1954

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 260

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**1. PLACE OF DEATH**
a. COUNTY: Butler
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Poplar Bluff
c. LENGTH OF STAY (in this place): 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Poplar Bluff Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Butler
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Poplar Bluff
d. STREET ADDRESS (If rural, give location): 208 Hazel St.

0124
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**3. NAME OF DECEASED** (Type or Print)
a. (First): Missouri
b. (Middle): Josephine
c. (Last): Campbell

**4. DATE OF DEATH** (Month) (Day) (Year): 3/31/1954

**5. SEX**: Female
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: 8/21/1894
**9. AGE** (In years last birthday): 59 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Housewife
**10b. KIND OF BUSINESS OR INDUSTRY**: Home
**11. BIRTHPLACE** (State or foreign country): Hardin Co., Illinois
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: Charlie Leonberger
**13b. MOTHER'S MAIDEN NAME**: Ida Barnes
**14. NAME OF HUSBAND OR WIFE**: John Campbell

**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.**: None
**17. INFORMANT'S SIGNATURE OR NAME** / ADDRESS: John Campbell Poplar Bluff, 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) Hypostatic pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 18 hrs

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Decompensated heart disease — 10 days
DUE TO (c) Chronic nephritis — 1 yr.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Anemia

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
592X
**20. AUTOPSY?** YES ☐ NO ☒

**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) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* 10 Mar, 1954, *to* 31 Mar, 1954; *that I last saw the deceased alive on* 31 Mar, 1954, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): [signature] MD
**23b. ADDRESS**: Poplar Bluff, Missouri
**23c. DATE SIGNED**: 19 Apr 54

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 4/2/1954
**24c. NAME OF CEMETERY OR CREMATORY**: City Cemetery
**24d. LOCATION** (City, town, or county) (State): Poplar Bluff, Missouri

**DATE REC'D BY LOCAL REG.**: 4/20/54
**REGISTRAR'S SIGNATURE**: R H Mintree
**25. FUNERAL DIRECTOR'S SIGNATURE** / ADDRESS: Greer Croy & Fitch Poplar Bluff, M

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
APR 26 1954
BUTLER CO. HEALTH CENTER
FILE No._____

## 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 Wallace N. Fitch

Licensed Embalmer No. 3859

P. O. Address Poplar Bluff Mo

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.