

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16653**

FILED JUN 14 1954

No. 300

10-48

BIRTH NO. _____ REG. DIST. NO. 212 PRIMARY REG. DIST. NO. 5780 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <u>Miller</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Miller</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Bedon</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Bedon 0660</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.F.D.-1</u>		d. STREET ADDRESS (If rural, give location) <u>R.F.D. 1</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>LUTHER</u> b. (Middle) <u>MARION</u> c. (Last) <u>CAMPBELL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 20, 1954</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan. 20, 1879</u>
9. AGE (In years last birthday) <u>75</u>		10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 1 HR. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Cole, Co., Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Knock Campbell</u>	
13b. MOTHER'S MAIDEN NAME <u>Frances Ann Hodges</u>		14. NAME OF HUSBAND OR WIFE <u>Pearl S. Campbell</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>James Campbell</u>		ADDRESS <u>Bedon</u>	
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) <u>Myocarditis Ch.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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 <u>4222</u>	
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) (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 <u>May 17, 1954</u> , to <u>May 20, 1954</u> , that I last saw the deceased alive on <u>May 19, 1954</u> , and that death occurred at <u>6:00 P. m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>E. Shelton M.D.</u>		23b. ADDRESS <u>Eldon Mo.</u>	
23c. DATE SIGNED <u>May 21, 54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>May 23, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>W.M. Pleasant</u>	
24d. LOCATION (City, town, or county) (State) <u>Bedon, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis D. Phillips</u>	
DATE REC'D BY LOCAL REG. <u>May 21, 54</u>		REGISTRAR'S SIGNATURE <u>Alvarretta Walt</u>	
ADDRESS <u>Bedon</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis D. Phillips</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0660

JUN 14 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed *Louis B. Phillips*

Licensed Embalmer No. *3663*

P. O. Address *Edson*

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.