

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29515

State File No.

FILED AUG 30 1954

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 6114 Registrar's No. 1207

1. PLACE OF DEATH a. COUNTY SCOTT		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY SCOTT	
b. CITY OR TOWN RURAL MORLEY TWP.		c. CITY OR TOWN RURAL MORLEY TWP.	
c. LENGTH OF STAY (in this place township) 3 WKS.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 21000	
d. FULL NAME OF HOSPITAL OR INSTITUTION R. F. D. #1 BENTON		f. STREET ADDRESS (If rural, give location) R2 F. D. #1 BENTON	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) JERRY	b. (Middle) WAYNE	c. (Last) CAMPBELL	(Month) AUG.	(Day) 13	(Year) 1954

5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH MARCH 7 1954	9. AGE (In years last birthday) 5	IF UNDER 1 YEAR Months 5	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE	10b. KIND OF BUSINESS OR INDUSTRY 0	11. BIRTHPLACE (City and State or Foreign Country) JASPER, ALABAMA	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME CHARLES E. CAMPBELL	13b. MOTHER'S MAIDEN NAME FAY SWINDLE	14. NAME OF HUSBAND OR WIFE 0
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. 0	17. INFORMANT'S SIGNATURE OR NAME CHARLES E. CAMPBELL	ADDRESS BENTON, MO.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial pneumonia		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Exposure		
	DUE TO (c) none		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none			

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION none	20. AUTOPSY? 491X YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) none	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) none none none
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE WORKING <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? none
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22. I hereby certify that I attended the deceased from **8/30/54** to **8-13-54**, 19**54**, that I last saw the deceased alive on **8-13-54**, and that death occurred at **2:00P m.**, from the causes and on the date stated above.

23a. SIGNATURE Guy W. Lake, Dr. 2	(Degree or title)	23b. ADDRESS Oran MO	23c. DATE SIGNED 8-14-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE AUG. 14 1954	24c. NAME OF CEMETERY OR CREMATORY NEW MORLEY CEMETERY	24d. LOCATION (City, town, or county) (State) MORLEY MO.
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DATE REC'D BY LOCAL REG. 8-16-54	REGISTRAR'S SIGNATURE Mrs. Ella Swindle	25. GENERAL DIRECTOR'S SIGNATURE Carl J. Smith	ADDRESS ORAN, MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DATE RECEIVED AUG 23 1954

SCOTT CO. HEALTH DEPT.

CO. FILE No.

177
554-451177

APR 21 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed ^{NOT}

by me, or by, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Ed. J. Smith.....

Licensed Embalmer No. 2676

P. O. Address Over, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.