

FILED OCT 19 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33360**
Registrar's No. **64**

BIRTH NO. _____ REG. DIST. NO. **75** PRIMARY REG. DIST. NO. **4138**

1. PLACE OF DEATH a. COUNTY CLINTON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY CLINTON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LATHROP		c. CITY OR TOWN LATHROP	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		e. STREET ADDRESS (If rural, give location) 6250	

3. NAME OF DECEASED (Type or Print) a. (First) **LESTER** b. (Middle) **AUGUSTA** c. (Last) **CAMPBELL**

4. DATE OF DEATH (Month) (Day) (Year) **OCT- 4- 1954**

5. SEX **MALE** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **MARRIED** 8. DATE OF BIRTH **Aug 4- 1879** 9. AGE (In years last birthday) **75** 10. IF UNDER 1 YEAR Months **2** 11. IF UNDER 24 HRS. Hours **2** Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **LUMBER YARD SALESMAN- LUMBER RETAIL** 10b. KIND OF BUSINESS OR INDUSTRY **LUMBER RETAIL** 11. BIRTHPLACE (City and State or Foreign Country) **Ray County Mo.** 12. CITIZEN OF WHAT COUNTRY? **U.S.**

13a. FATHER'S NAME **MARION CAMPBELL** 13b. MOTHER'S MAIDEN NAME **MARY TURNAGE** 14. NAME OF HUSBAND OR WIFE **MYRTLE 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. **495-01-8119** 17. INFORMANT'S SIGNATURE OR NAME **Ms. Myrtle Campbell - Lathrop Mo.** ADDRESS _____

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Cerebral Arteriosclerosis** (b) _____ (c) _____

ANTECEDENT CAUSES _____

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. _____

DUE TO (b) _____ (c) _____

II. OTHER SIGNIFICANT CONDITIONS _____

Conditions contributing to the death but not related to the disease or condition causing death. _____

INTERVAL BETWEEN ONSET AND DEATH **6 mo.**

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 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) **334X**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 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 ~~6:30 P.M.~~ **July 54**, 19 **Oct- 4**, 1954, that I last saw the deceased alive on **Oct 4**, 1954, and that death occurred at **6:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE **W. F. Reisman D.O.** (Degree or title) 23b. ADDRESS **Lathrop Mo.** 23c. DATE SIGNED **Oct 6-54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **Oct. 6, 1954** 24c. NAME OF CEMETERY OR CREMATORY **Lathrop Cemetery** 24d. LOCATION (City, town, or county) (State) **Lathrop Mo.**

DATE REC'D BY LOCAL REG. **10-13-54** REGISTRAR'S SIGNATURE **Winifred W. Moser** 25. FUNERAL DIRECTOR'S SIGNATURE **De Mass Hunt Camera, Mo** ADDRESS _____

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48
250

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 *Harold L. Walker*.....

Licensed Embalmer No. *458*

P. O. Address *Lathrop,*

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.