

BIRTH NO. _____		REG. DIST. NO. <u>376</u>		PRIMARY REG. DIST. NO. <u>4560</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>Wright</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Wright</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Norwood, Mo.</u>		c. LENGTH OF STAY (In this place) <u>LIFETIME</u>		c. CITY OR TOWN <u>Norwood -</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <u>11:40</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Clark Township - Norwood</u>				e. STREET ADDRESS (If rural, give location) <u>Clark Township - Norwood</u>					
3. NAME OF DECEASED (Type or Print) <u>PARADINE</u>			a. (First)		b. (Middle)		c. (Last) <u>Campbell</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED; NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>FEB. 6, 1870</u>		9. AGE (In years last birthday) <u>84</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSEKEEPING</u>		11. BIRTHPLACE (City and State, or Foreign Country) <u>STATE OF TENN.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Eli Finch</u>			13b. MOTHER'S MAIDEN NAME <u>Louisa Head</u>			14. NAME OF HUSBAND OR WIFE <u>Robert Campbell</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>XXX</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Louisa Bagley - Norwood, Mo.</u>				ADDRESS	
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Edema</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bronchial Pneumonia</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Myocarditis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>791 X</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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>Feb 1951</u> , to <u>Jan 3, 1955</u> , that I last saw the deceased alive on <u>Jan 3, 1955</u> , and that death occurred at <u>4:00 pm.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Nichols H. Winters</u>			23b. ADDRESS (Degree or title) <u>Dr. Wm. Crane, Mo.</u>			23c. DATE SIGNED <u>1/5/55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>1-6-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>THOMAS CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>Norwood, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>1-5-55</u>		REGISTRAR'S SIGNATURE <u>G. R. Winters</u>		347-0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Russell Barber, Wm. Crane, Mo.</u>			

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

140
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1-17-55

MRS. G. R. WINTERS (Licensed Embalmer's Statement on Reverse Side)

MAY 5 1955

County File Number 155-13
Date Filed 1-29-55

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 *Russell W. Barber*

Licensed Embalmer No. 385

P. O. Address *Mtn. St.*

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.