

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

3948

State File No.

FILED MAR 7 1955

BIRTH NO. 7307-55 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 242

I. PLACE OF DEATH

a. COUNTY

Buchanan

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN St. Josephc. LENGTH OF
STAY (in this place)
3 daysd. FULL NAME OF
HOSPITAL OR
INSTITUTION Missouri Methodist Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)

a. STATE

Missouri

b. COUNTY DeKalbc. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN Amity 0320d. STREET
ADDRESS (If rural, give location) 13. NAME OF
DECEASED
(Type or Print)

a. (First)

ALICE

b. (Middle)

DIANE

c. (Last)

CAMPBELL

4. DATE
OF
DEATH(Month) (Day) (Year)
Mar. 1 19555. SEX
Female6. COLOR OR RACE
White7. MARRIED, NEVER MARRIED,
WIDOWED, DIVORCED (Specify)
Child8. DATE OF BIRTH
Feb. 25, 19559. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Mins.
410a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Child

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
Maysville Missouri12. CITIZEN OF WHAT
COUNTRY?
U.S.A.

13a. FATHER'S NAME

Cleo B. Campbell

13b. MOTHER'S MAIDEN NAME

Doris Jean Hickman

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No16. SOCIAL SECURITY NO.
NONE17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Cleo B. Campbell Amity Mo.

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION
DIRECTLY LEADING TO DEATH* (a)atelectasisINTERVAL BETWEEN
ONSET AND DEATH
Life

ANTECEDENT CAUSES

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

DUE TO (b)

x

DUE TO (c)

x

II. OTHER SIGNIFICANT CONDITIONS

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

x

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

7620

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)

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 Feb. 26, 1955, to Mar 1, 1955, that I last saw the deceased alive on Mar 1, 1955, and that death occurred at 1:30 P.m., from the causes and on the date stated above.

23a. SIGNATURE

(Degree or title)

High Wacker M.D.

23b. ADDRESS

Kirkpatrick Bldg., St. Joseph, Mo.

23c. DATE SIGNED

3-1-5524a. BURIAL, CREMATION, REMOVAL (Specify)
Removal

24b. DATE

3/2-55

24c. NAME OF CEMETERY OR CREMATORY

Amity 4 R. 5

24d. LOCATION (City, town, or county)

Amity Missouri

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

Esther M. Allison

25. FUNERAL DIRECTOR'S SIGNATURE

PILCHER FUNERAL HOME

ADDRESS

MAYSVILLE MO.

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed.....

C. T. Pilcher
C. T. Pilcher

Student Embalmer No.....

Licensed Embalmer No.....3960

P. O. Address.....Maysville Missouri

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.