

FILED FEB 24 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5368**

BIRTH NO. _____ REG. DIST. NO. **159** PRIMARY REG. DIST. NO. **4249** Registrar's No. **8**

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

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Mo		b. COUNTY JEFF	
b. CITY OR TOWN HILLSBORO		c. CITY OR TOWN DESOTO		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION CEDAR GROVE NURSING HOME		e. STREET ADDRESS (If rural, give location) BLOW AT E. KELLY STS,		0502	
3. NAME OF DECEASED (Type or Print) a. (First) NETTIE		b. (Middle) LOVELLA		c. (Last) CAMPFIELD	
4. DATE OF DEATH (Month) (Day) (Year) FEB 4 1955		5. SEX F		6. COLOR OR RACE W	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED MARRIED		8. DATE OF BIRTH MAY 17 1873		9. AGE (In years) (Month) (Day) (Hour) (Min.) 82	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) GENEVA PENNSYLVANIA	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME (UNKNOWN) SHILLITO		13b. MOTHER'S MAIDEN NAME UNKNOWN	
14. NAME OF HUSBAND OR WIFE DAVID A. CAMPFIELD		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. NONE	
17. INFORMANT'S SIGNATURE OR NAME MILFORD CAMPFIELD		ADDRESS 408 E. KELLY ST. DESOTO MO.		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of gastro-intestinal tract, primary site undetermined, with metastasis to liver and obstructive jaundice.	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hemiplegia, left, due to cerebral vascular accident		INTERVAL BETWEEN ONSET AND DEATH 6 months	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 159X		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) (Min.)		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 1-5-55 to Feb 4, 1955 , that I last saw the deceased alive on Feb 2, 1955 , and that death occurred at 8:30 a.m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Thomas A. Donnell M.D.		23b. ADDRESS Desoto, Mo.		23c. DATE SIGNED 2-10-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE FEB. 7 1955		24c. NAME OF CEMETERY OR CREMATORY WOODLAWN CEM.	
24d. LOCATION (City, town, or county) (State) DESOTO Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Kathleen Mariken		ADDRESS 141 Daniel B. Smith Desoto Mo	
DATE REC'D BY LOCAL REG. 2-10-55		REGISTRAR'S SIGNATURE Kathleen Mariken		25. FUNERAL DIRECTOR'S SIGNATURE James B. Smith	

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

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FEB 17 1956

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.....
Donald B. Dietrich

Licensed Embalmer No. 410

P. O. Address *Delato*

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.