

FILED MAR 7 1955

STANDARD CERTIFICATE OF DEATH

State File No. ....

BIRTH NO. 12286-55 REG. DIST. NO. 341 PRIMARY REG. DIST. NO. 46-13 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY Sullivan 0		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Sullivan	
b. CITY (If outside corporate limits, write RURAL and give township) Milan		c. CITY OR TOWN Humphreys	
c. LENGTH OF STAY (in this place)		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION S.C.M. Hospital		f. STREET ADDRESS (If rural, give location) 1050	

3. NAME OF DECEASED (Type or Print) a. (First) ROGER b. (Middle) CAMPBELL c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) 2-22-55			
5. SEX Male	6. COLOR OF RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 2-21-1955	9. AGE (In years last birthday) 1	IF UNDER 1 YEAR Months 1	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Milan Mo 0		12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Russell Campbell		13b. MOTHER'S MAIDEN NAME Evelyn Nelson		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)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Russell Campbell Humphreys Mo	

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) A patent Foramen ovale closed had to		INTERVAL BETWEEN ONSET AND DEATH 10 sept 1952	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Baby had Anoxia			
		DUE TO (c) Mother expired on operating table			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death		This was a Cesarean Birth			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) 7543	
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 Feb 21, 1955, to Feb 22, 1955, that I last saw the deceased alive on Feb 22, 1955, and that death occurred at 11:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. A. Nelson M.D.		23b. ADDRESS Galt Mo		23c. DATE SIGNED 2/23/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-25-55		24c. NAME OF CEMETERY OR CREMATORY Berry Cem.	
24d. LOCATION (City, town, or county) Galt Mo		24e. REGISTRAR'S SIGNATURE Mrs. H. B. Harris		24f. FURNAL DIRECTOR'S SIGNATURE P. K. Payne	
DATE REC'D BY LOCAL REG. 2-28-1955		REGISTRAR'S SIGNATURE Mrs. H. B. Harris		25. FURNAL DIRECTOR'S SIGNATURE P. K. Payne	

(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 Not Embalmed, Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed PK Payne Jr

Licensed Embalmer No. 34

P. O. Address Gaet

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.