

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **7807**

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **263**

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Howell	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Springfield, Mo.)		c. CITY OR TOWN Willow Springs	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 6 days		e. STREET ADDRESS (If rural, give location) 408 N. Walnut	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Ozark Osteopathic Hosp.			

3. NAME OF DECEASED (Type or Print)	a. (First) Lota	b. (Middle) Esther	c. (Last) Campbell	4. DATE OF DEATH (Month) 3 (Day) 21 (Year) 1955
---	------------------------	---------------------------	---------------------------	--

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH January-12, 1885	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
--------------------------------	---	---	--	--	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Ft. Worth, Texas	12. CITIZEN OF WHAT COUNTRY? USA
--	--	--	---

13a. FATHER'S NAME John L. Murray	13b. MOTHER'S MAIDEN NAME Esther Thornton	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) no	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Louise Greenstreet-Aloha, Wash.	ADDRESS
--	---	---	----------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Circulatory Failure		
	ANTECEDENT CAUSES DUE TO (b) Shock DUE TO (c) Acute exanguination		
II. OTHER SIGNIFICANT CONDITIONS. Carcinoma of Ascending Colon. <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		153X	

19a. DATE OF OPERATION 3/21/55	19b. MAJOR FINDINGS OF OPERATION Carcinoma of ascending colon with infiltration of mesentery.	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 3/15, 19 55 to 3/21, 19 55, that I last saw the deceased alive on 3/21, 19 55, and that death occurred at 4:46 PM., from the causes and on the date stated above.

23a. SIGNATURE <i>Richard Wolfe, M.D.</i>	(Degree or title)	23b. ADDRESS 700 E. Sunshine	23c. DATE SIGNED 3-21-55
---	-------------------	---	---

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 3/22/55	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) WILLOW SPRINGS, MO.
--	------------------------------------	---	--

DATE REC'D BY LOCAL REG. 3-23-55	REGISTRAR'S SIGNATURE <i>Edith Williams</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Richard Wolfe</i>	ADDRESS SPRINGFIELD, MO.
---	---	---	---

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

FILED MAR 28 1955

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 *H. H. McCarver*.....

Licensed Embalmer No. *27*.....

P. O. Address *Spangula*.....

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.