

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 29 1955

BIRTH NO. _____ REG. DIST. NO. 142 PRIMARY REG. DIST. NO. 5557 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Howell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Peace Valley</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Peace Valley</u> <u>0460</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.F.H.</u>		d. STREET ADDRESS (If rural, give location) <u>R.F.H.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas</u> b. (Middle) <u>Edward</u> c. (Last) <u>Campbell</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3-7-1955</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>Wht</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>9-25-1885</u>
9. AGE (In years Last birthday) <u>69</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Bill Campbell</u>		13b. MOTHER'S MAIDEN NAME <u>Susie Wilbank</u>	14. NAME OF HUSBAND OR WIFE <u>Dula Campbell</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Thommas Campbell</u>
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) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis, 2 years</u> DUE TO (c) <u>Hypertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Myocarditis</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify)	
21a. ACCIDENT SUICIDE HOMICIDE		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>3-17, 1953</u> to <u>3-7, 1955</u> , that I last saw the deceased alive on <u>3-5, 1955</u> , and that death occurred at <u>3:45 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Jack N. Wilcox</u>		23b. ADDRESS <u>West Plains, Mo</u>	
23c. DATE SIGNED <u>3-9-55</u>		24a. BURIAL, CREMATION, REMOVAL (Specify)	
24b. DATE <u>3-9-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Dennett Chapel Cem. Peace Valley Mo.</u>	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE <u>Robertson, West Plains, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3-29-55</u>		REGISTRAR'S SIGNATURE <u>Glyde A. Bridges</u>	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	

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

0460

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
Student Embalmer

Signed Robert J. Drago
Licensed Embalmer No. 4547

P. O. Address _____

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.