

FILED MAY 2 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **3025** Registrar's No. **51**

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

1. PLACE OF DEATH a. COUNTY <b>HENRY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Henry</b>	
b. CITY OR TOWN <b>Clinton RR 2</b>	c. LENGTH OF STAY (In this place) <b>6 years</b>	c. CITY OR TOWN <b>Clinton RR # 2</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home</b>		d. STREET ADDRESS (If rural, give location) <b>0420</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Hattie</b> b. (Middle) <b>x</b> c. (Last) <b>Campbell</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>4-26-55</b>		
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>7/24/1874</b>		9. AGE (In years last birthday) <b>80</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Home work</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Illinois</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>

13a. FATHER'S NAME <b>James A Campbell</b>		13b. MOTHER'S MAIDEN NAME <b>Naomi Biggs</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
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 <b>Mrs E L Caldwell</b> ADDRESS <b>Clinton Mo</b>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Innovation &amp; Rehabilitation</b>			INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Metastatic Carcinoma</b>			<b>Months</b>
		DUE TO (c) <b>Adenocarcinoma of breast</b>			<b>?</b>
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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) <b>170 X</b>		
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 **3-1-1955** to **4-26-1955**, that I last saw the deceased alive on **4-26-1955** and that death occurred at **4:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Name or title) <b>Wm C Seidenwitz DO</b>		23b. ADDRESS <b>1109 E Ohio, Clinton</b>		23c. DATE SIGNED <b>4-27-55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>4/28/55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Englewood Cem</b>		24d. LOCATION (City, town, or county) (State) <b>Clinton Mo</b>
DATE REC'D BY LOCAL REG. <b>Burial</b>		REGISTRAR'S SIGNATURE <b>4-28-55 Englewood</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>E. Consolev</b> ADDRESS <b>Clinton Mo</b>	

**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

*J. E. Caspary*

Licensed Embalmer No. 1891

P. O. Address Clinton Mo

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.