

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14547

State File No. ....

BIRTH NO. FILED MAY 31 1955 REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 4014 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY <b>Atchison</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Nebraska</b> b. COUNTY <b>Douglas</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Fairfax</b>		c. CITY OR TOWN <b>Omaha</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>2 days</b>		e. STREET ADDRESS (If rural, give location) <b>2116 Harney St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>Fairfax Comm. Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>MARY</b> b. (Middle) <b>CHRISTIAN</b> c. (Last) <b>CAMPBELL</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 26 1955</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	8. DATE OF BIRTH <b>April 7, 1902</b>	9. AGE (In years last birthday) <b>53</b>	# UNDER 1 YEAR Months <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Caretaker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Children</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Atchison County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Albert Campbell</b>	13b. MOTHER'S MAIDEN NAME <b>Ella Christian</b>	14. NAME OF HUSBAND OR WIFE <b>*****</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>*****</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Arch Campbell</b>	ADDRESS <b>Fairfax Mo.</b>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hepatic cirrhosis (Laennec's)</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 yrs</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ <b>5811</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"/>
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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) m.	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 April 5, 1955, to May 26, 1955, that I last saw the deceased alive on May 26, 1955, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>M. J. Murphy, M.D.</b>	23b. ADDRESS <b>Fairfax Missouri</b>	23c. DATE SIGNED <b>5/27/55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>May 28, 1955</b>	24c. NAME OF CEMETERY <b>Pleasant Ridge</b>	24d. LOCATION (City, town, or county) (State) <b>Fairfax Mo.</b>
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DATE REC'D BY LOCAL REG <b>May 27, 1955</b>	REGISTRAR'S SIGNATURE <b>Marvin H. Schaefer</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Schooler Funeral Home</b>	ADDRESS <b>Fairfax Mo.</b>
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WRITE PLAINLY—USING UNFAADING 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 ..... Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Marvin H. Schoale*.....

Licensed Embalmer No. *416*

P. O. Address *Fairfax*

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.