

FILED JUN 27 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19228

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 4262 Registrar's No. 42

1. PLACE OF DEATH

a. COUNTY Knox

b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Knox City Mo.

c. LENGTH OF STAY (If in this place) 5 yrs

d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE Missouri b. COUNTY Knox

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Knox City Mo. 0520

d. STREET ADDRESS (If rural, give location) 0

3. NAME OF DECEASED

a. (First) JAMES b. (Middle) OTIS c. (Last) CAMPBELL

4. DATE OF DEATH (Month) (Day) (Year) June 21 1955

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH May 15 1875 9. AGE (In years last birthday) 80

If UNDER 1 YEAR: Months 1 Days 6 Hours 0 Mins. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) Marion Co. Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William Campbell 13b. MOTHER'S MAIDEN NAME Catherine Rudd 14. NAME OF HUSBAND OR WIFE Lillie Doll Campbell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lonzo John Campbell Knox City 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) Chronic Myocarditis

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arterio Sclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Hemiplegia (Cerebral Hem)

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 4221

20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1949, to June 21, 1955, that I last saw the deceased alive on June 21, 1955 and that death occurred at 8:30 P m., from the causes and on the date stated above.

23a. SIGNATURE Maldro B. Isom (Degree or title) MD 23b. ADDRESS Knox City Mo. 23c. DATE SIGNED 6/24/55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE June 23 55 24c. NAME OF CEMETERY OR CREMATORY Bee Ridge Cemetery 24d. LOCATION (City, town, or county) (State) Knox Co. Missouri

DATE REC'D BY LOCAL REG. June 25-55 REGISTRAR'S SIGNATURE Phyllis S. Hunter 151-0 FUNERAL DIRECTOR'S SIGNATURE ADDRESS A.J. Seeger Knox City Mo

(Licensed Embalmer's Statement on Reverse Side)

**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, ~~by~~ \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Mrs J. W. Hudson*

Licensed Embalmer No. *2972*

P. O. Address *Edina M*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.