

FILED SEP 12 1955 THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. 57837-55 REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3040 Registrar's No. 142

1. PLACE OF DEATH a. COUNTY <u>Lumpkin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>MO</u> b. COUNTY <u>Lumpkin</u>	
b. CITY OR TOWN <u>Chillicothe</u>	c. LENGTH OF STAY (In this place) <u>Life</u>	c. CITY OR TOWN <u>Chillicothe</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Chillicothe Hosp.</u>		e. STREET ADDRESS (If rural, give location) <u>317 Walnut</u>	

3. NAME OF DECEASED (First) <u>Laurie</u> (Middle) <u>Lynn</u> (Last) <u>Campbell</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9-3-55</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>9-2-55</u>		9. AGE (In years last birthday) <u>1</u> IF UNDER 1 YEAR Months <u>1</u> Days <u>1</u> IF UNDER 12 HRS. Hours <u>1</u> Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Chillicothe, Mo.</u>		12. CITIZENSHIP OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>David R. Campbell</u>			13b. MOTHER'S MAIDEN NAME <u>Betty Batta</u>			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) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>David R. Campbell</u>		ADDRESS <u>Chillicothe, Mo.</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>Natural cause unknown</u>				INTERVAL BETWEEN ONSET AND DEATH <u>from birth</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Respiratory dysfunction</u>					
		DUE TO (c)					
		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 <u>7730</u>				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 2 Sept., 1955, to 3 Sept., 1955, that I last saw the deceased alive on 3 Sept., 1955, and that death occurred at 12:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Charles N. Davis M.D.</u> (Degree or title)		23b. ADDRESS <u>Chillicothe, Mo.</u>		23c. DATE SIGNED <u>6 Sept. 1955</u>	
---	--	--------------------------------------	--	--------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-3-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Edgewood</u>		24d. LOCATION (City, town, or county) (State) <u>Chillicothe MO</u>	
---	--	-------------------------	--	--	--	---	--

DATE REC'D BY LOCAL REG. <u>9-6-55</u>		REGISTRAR'S SIGNATURE <u>Frances B. Neill</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. Beckitt</u>		ADDRESS <u>Chillicothe MO</u>	
--	--	---	--	--	--	-------------------------------	--

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..... *E. Bennett*

Licensed Embalmer No. 32

P. O. Address *Chillicothe*

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.