

FILED NOV 9 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **32433**

BIRTH NO. 49		REG. DIST. NO.		PRIMARY REG. DIST. NO. 4069		Registrar's No. 14	
1. PLACE OF DEATH a. COUNTY Camden				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Camden			
b. CITY (If outside corporate limits, write RURAL and give town) Macks Creek		c. LENGTH OF STAY (in this place) Home		c. CITY OR TOWN Macks Creek		d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐	
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) Gen. Del.			
3. NAME OF DECEASED a. (First) Charles b. (Middle) Nathiel c. (Last) Campbell				4. DATE OF DEATH (Month) (Day) (Year) 10-25-1955			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH (last birthday) 9-14-1868	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer (Retired)		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (City and State or Foreign Country) Macks Creek, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William P. Campbell		13b. MOTHER'S MAIDEN NAME Sarah Agnes Warren		14. NAME OF HUSBAND OR WIFE Deceased			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) —		16. SOCIAL SECURITY NO. —		17. INFORMANT'S SIGNATURE OR NAME Joe Bonner		ADDRESS Macks Creek, 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) Uremia ANTECEDENT CAUSES DUE TO (b) Prostatism & pyelonephritis DUE TO (c) Hypertrophy Prostate gland II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 610x			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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 Sept 2, 1955 , to Oct. 25, 1955 , that I last saw the deceased alive on Oct. 24, 1955 , and that death occurred at 9:05 Am. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) R. Dol. Atkinson				23b. ADDRESS Camdenton, Missouri		23c. DATE SIGNED 10-27-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-27-1955		24c. NAME OF CEMETERY OR CREMATORY Parrack Cemetery		24d. LOCATION (City, town, or county) (State) Camden Co. Mo.	
DATE REC'D BY LOCAL REG. 10-29-55		REGISTRAR'S SIGNATURE Alfred R. Eldred		25. FUNERAL DIRECTOR'S SIGNATURE L.B. Jones		ADDRESS Buffalo, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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 *William B. Condit*.....

Licensed Embalmer No. *486*.....

P. O. Address *B.affer*.....

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.