

## STANDARD CERTIFICATE OF DEATH

32775

State File No. ....

FILED NOV 8 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 4192 Registrar's No. 112

1. PLACE OF DEATH a. COUNTY <b>Gentry</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Worth</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Stanberry</b>		c. LENGTH OF STAY (in this place) <b>5 years</b>		c. CITY OR TOWN <b>Grant City,</b>		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 <b>Monroe's Nursing Home</b>				e. STREET ADDRESS (If rural, give location) <b>1301</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>William</b>			b. (Middle) <b>Claude</b>		c. (Last) <b>Campbell</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>October 25, 1955</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>		8. DATE OF BIRTH <b>Nov. 27, 1881</b>		9. AGE (In years last birthday) <b>73</b> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 2 HRS.: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. Farmer</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Own Farm</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Grant City, Missouri</b>			12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>	
13a. FATHER'S NAME <b>William H. Campbell</b>			13b. MOTHER'S MAIDEN NAME <b>Nan J. DeWitt</b>			14. NAME OF HUSBAND OR WIFE <b>Single</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>			16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>John House - Allendale, Missouri</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Encephalopathy</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>arteriosclerosis</b> DUE TO (c) <b>4500</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Old Brain tumor</b>						INTERVAL BETWEEN ONSET AND DEATH <b>10 days</b> <b>years</b>	
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)					
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 <u>5-3</u> , 19 <u>53</u> , to <u>10-25</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>10-24</u> , 19 <u>55</u> , and that death occurred at <u>3:40 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>Albert R. Carlin M.D. Stanberry, Mo</b>				23b. ADDRESS		23c. DATE SIGNED <b>10-27-55</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>10-27-1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Grant City Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Grant City, Missouri</b>			
DATE REC'D BY LOCAL REG. <b>Oct 31-55-</b>		REGISTRAR'S SIGNATURE <b>Maudie Williams</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Bill A. Dunfee</b>		ADDRESS <b>Grant City Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

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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 *Bill A. Duff*.....

Licensed Embalmer No. *4*.....

P. O. Address *Grant*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.