

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **129**

LAIDUE
FILED FEB 1 1956

BIRTH NO. _____ REG. DIST. NO. **27** PRIMARY REG. DIST. NO. **300** Registrar's No. **14**

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Bates	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Butler		c. CITY OR TOWN Butler	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 201 North Fulton		e. STREET ADDRESS (If rural, give location) 201 N Fulton St	

3. NAME OF DECEASED (Type or Print) a. (First) Hannah b. (Middle) Elizabeth c. (Last) Campbell			4. DATE OF DEATH (Month) (Day) (Year) Jan. 22, 1956				
5. SEX female		6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH Oct 24 1867	9. AGE (Years, Months, Days, Hours, Min.) 88	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) homemaker			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Grant Co Ky Virginia		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Noah Getz		13b. MOTHER'S MAIDEN NAME Hannah May Getz		14. NAME OF HUSBAND OR WIFE John R Campbell	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Elmer Campbell-Butler 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.		INTERVAL BETWEEN ONSET AND DEATH 48 hours	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) bronchial pneumonia		48 hours	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) pneumococcal infection		48 hours	
DUE TO (c)		6 months	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. fractured femur		6 months	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 492 x A	
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) Butler Missouri	
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 Aug 1, 1955, to Jan. 21, 1956, that I last saw the deceased alive on Jan. 21, 1956, and that death occurred at 5 PM m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) L. S. Lathrop, M.D.		23b. ADDRESS Butler Missouri		23c. DATE SIGNED Jan 24-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/24/56	24c. NAME OF CEMETERY OR CREMATORY Oakhill		24d. LOCATION (City, town, or county) (State) Butler Missouri

DATE REC'D BY LOCAL REG. Jan. 24-56		REGISTRAR'S SIGNATURE Randall Kersey		17-0	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Culver Underwood-Butler Mo.	
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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 *John G. Underwood*.....
Licensed Embalmer No. 3585

P. O. Address..... Butler M

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.