

STANDARD CERTIFICATE OF DEATH

4450

State File No.

FILED FEB 24 1956

BIRTH NO. 56319-55 REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u>		b. COUNTY <u>Grundy</u>	
b. CITY OR TOWN <u>Trenton</u>		c. CITY OR TOWN <u>Trenton</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) <u>908 W 18th St.</u>		04020	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Guller's Hospital</u>		3. NAME OF DECEASED a. (First) <u>Terry</u>		b. (Middle) <u>Don</u>	
		c. (Last) <u>Campbell</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 20 1956</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>INFANT</u>	
8. DATE OF BIRTH <u>Sept 5, 1955</u>		9. AGE (in years last birthday) <u>5</u>		10. IF UNDER 1 YEAR Days <u>15</u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Trenton, Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Albert Campbell</u>		13b. MOTHER'S MAIDEN NAME <u>Ruth Whitt</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>Albert Campbell</u>		ADDRESS <u>Trenton, 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>Virus Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>none</u>			
		DUE TO (c) <u>none</u>			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>			
19a. DATE OF OPERATION <u>none</u>		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>Feb 16</u> , 1956, to <u>Feb 20</u> , 1956, that I last saw the deceased alive on <u>Feb 20</u> , 1956, and that death occurred at <u>2:30P m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>David M. Witten</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>1300 main st. Trenton Mo</u>	
23c. DATE SIGNED <u>Feb 22, 1956</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Feb 22, 1956</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Salem cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>R.F.D Trenton, MO</u>			
DATE REC'D BY LOCAL REG. <u>2-22-56</u>		REGISTRAR'S SIGNATURE <u>Juene Fawcett</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Jordan Blackmore</u>	
				ADDRESS <u>Trenton, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

40 2 0

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 *Harold L Roberts*.....

Licensed Embalmer No. *492*.....

P. O. Address *Trenton, N.J.*.....

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.