

FILED MAR 22 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10517

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 2247			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY Franklin	
b. CITY OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN Sullivan		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL				e. STREET ADDRESS (If rural, give location) Rural Route No. 2				0360	
3. NAME OF DECEASED (Type or Print) a. (First) Julius			b. (Middle) Louis			c. (Last) Campo			
4. DATE OF DEATH (Month) (Day) (Year) March 1, 1956			5. SEX Male			6. COLOR OR RACE White			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			8. DATE OF BIRTH April 22 1909			9. AGE (in years last birthday) 46			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Operator			10b. KIND OF BUSINESS OR INDUSTRY Tavern			11. BIRTHPLACE (City and State or Foreign Country) Wilmington, Illinois			
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13a. FATHER'S NAME Louis J. Campo			13b. MOTHER'S MAIDEN NAME Louise Vangamplor			
14. NAME OF HUSBAND OR WIFE Opal Campo			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. Nil			
17. INFORMANT'S SIGNATURE OR NAME Opal Campo, Sullivan, Missouri.			17. ADDRESS Opal Campo, Sullivan, Missouri.			18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Hemorrhage of Duodenal Ulcer			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage of Duodenal Ulcer			DUE TO (b) Duodenal Ulcer			INTERVAL BETWEEN ONSET AND DEATH 4 hours			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			DUE TO (c) _____			16 years			
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 54:0			
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 Feb. 27th, 1956 , to Mar. 1, 1956 , that I last saw the deceased alive on Mar. 1, 1956 , and that death occurred at 5:10A m. , from the causes and on the date stated above.			23a. SIGNATURE (Degree or title) F. R. Bradley M. D.			
23b. ADDRESS BARNES HOSPITAL			23c. DATE SIGNED 3/1/56			24a. BURIAL, CREMATION, REMOVAL (Specify) Removal			
24b. DATE 3-1-56			24c. NAME OF CEMETERY OR CREMATORY I.O.O.F Cemetery			24d. LOCATION (City, town, or county) (State) Sullivan, Missouri.			
DATE REC'D BY LOCAL REG. MAR 3 1956			REGISTRAR'S SIGNATURE J. Carl Smith - MD			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington			

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

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 *Robert M. Murray*
Licensed Embalmer No. *3749*
P. O. Address *St. Louis*

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