

FILED MAR 20 1956

STANDARD CERTIFICATE OF DEATH

State File No. 12105

BIRTH NO. _____ REG. DIST. NO. 356 PRIMARY REG. DIST. NO. 6210 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>Texas</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Texas</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Upton</u>			c. LENGTH OF STAY (in this place) <u>75 yrs.</u>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Upton</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>1070</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lewis</u>		b. (Middle) <u>Edward</u>		c. (Last) <u>Campbell</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 8 1956</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Aug. 30, 1880</u>		9. AGE (in years last birthday) <u>75</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>9</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Dykes, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Campbell</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah Frazier</u>		14. NAME OF HUSBAND OR WIFE <u>Ethel</u>		
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>486-24-2863</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Thelma Stallcup, Baytown, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocardial infarction</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary arterio sclerosis</u> DUE TO (c) <u>Generalized arterio sclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u> <u>5 yr.</u> <u>10 yr.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4261</u>				20. AUTOPSY? YES <input 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) <u>4261</u>			
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 <u>Oct 23, 1954</u> , to <u>March 8, 1956</u> , that I last saw the deceased alive on <u>March 6, 1956</u> , and that death occurred at <u>10⁰⁰ P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Deceased or title) <u>Kennedy</u>				23b. ADDRESS <u>Houston, Missouri</u>		23c. DATE SIGNED <u>3-12-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-11-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hickory Ridge</u>		24d. LOCATION (City, town, or county) (State) <u>Upton, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>3-14-56</u>		REGISTRAR'S SIGNATURE <u>Murtie Craig</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Elliott Funeral Home - Houston, Mo.</u>			

(License Embalmer's Statement on Reverse Side)

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
Student Embalmer

Signed Frank E. Hood

Licensed Embalmer No. 4026

P. O. Address Houston, M

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.