

FILED OCT 17 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32982  
State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 308

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hicksville</u>		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <u>La Plata</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sophron Hospital Hicksville Mo</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED a. (First) <u>Luther</u> b. (Middle) <u>May</u> c. (Last) <u>Campbell</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9 27 56</u>	
5. SEX <u>Fe.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>1901-5-31</u>
9. AGE (In years) <u>55</u> If UNDER 1 YEAR <u>9</u> MONTHS <u>26</u> IF UNDER 2 HRS. Hours <u>0</u> Min. <u>0</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>at Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Hicksville Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S. Ca</u>		13a. FATHER'S NAME <u>Miss Rowland</u>	
13b. MOTHER'S MAIDEN NAME <u>Emma an Pelburn</u>		14. NAME OF HUSBAND OR WIFE <u>Adair Campbell</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>569-20-6656</u>	
17. INFORMANT'S SIGNATURE OR NAME/ ADDRESS <u>Clara L Campbell La Plata 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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cirrhosis of the Liver</u> ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death related to the disease or condition above. <u>Chronic Rheumatic Heart Disease ?</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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 <u>Aug 30, 1956</u> to <u>Sept 27, 1956</u> , that I last saw the deceased alive on <u>Sept 27, 1956</u> , and that death occurred at <u>3:15 p.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>D. J. Rhoads</u> (Dated on file)		23b. ADDRESS <u>202 Hicksville, Mo</u>	
23c. DATE SIGNED <u>9-27-56</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>10-1-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New-Hannany</u>	
24d. LOCATION (City, town, or county) (State) <u>Macon MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E. S. Christie La Plata Mo</u>	
DATE REC'D BY LOCAL REG. <u>10-9-56</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>	

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 *W. H. McCallum*.....

Licensed Embalmer No. 2052.....

P. O. Address South Gifford..

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.