Health, Welfare Public Service

3004
1-56

FILED OCT 22 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 33146

Registration District No. 37 Primary Registration District No. 4049 Registrar's No. 32

1. PLACE OF DEATH
a. COUNTY Boone
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Centralia — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Hulen Nursing Home — Length of stay in Institution 6 Months

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Boone
c. CITY OR TOWN Columbia — Inside Limits Yes ☐ No X
d. STREET ADDRESS (If outside, give location) Route 6 — Reside on Farm Yes X No ☐

010

3. NAME OF DECEASED (Type or print) First JACOB Middle HENRY Last CAMPBELL

4. DATE OF DEATH Month October Day 10, Year 1956

5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED X DIVORCED ☐
8. DATE OF BIRTH Oct. 1, 1866
9. AGE (In years last birthday) 90
IF UNDER 1 YEAR: Months Days — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (City and state or country) Callaway County, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Allen Kincaid Campbell
14. MOTHER'S MAIDEN NAME Indiana Leach

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) ---
16. SOCIAL SECURITY NO.
17. INFORMANT Address Edmund D. Campbell, Route 6, Columbia, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Hypostatic pneumonia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) arteriosclerotic heart disease
DUE TO (c) generalized arteriosclerosis
INTERVAL BETWEEN ONSET AND DEATH years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4200
19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 4/13/56, to 10/9/56 and last saw her/him alive on 10/9/56
Death occurred at ____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [signature] (Degree or title) M.D.
22b. ADDRESS Centralia
22c. DATE SIGNED Oct 13-1956

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Oct. 13, 1956
23c. NAME OF CEMETERY OR CREMATORY Oakland Cemetery
23d. LOCATION (City, town, or county) (State) Boone County, Missouri.

24. FUNERAL DIRECTOR ADDRESS Parker Funeral Service, Columbia, Mo.
25. DATE RECD. BY LOCAL REG. Oct 16-1956
26. REGISTRAR'S SIGNATURE Maud McBride

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc., must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

30-d

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed J W Phillips

Licensed Embalmer No. 48

P. O. Address Columbia

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