

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37559**  
Registrar's No. **52**

**FILED DEC 5 - 1956**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **114** PRIMARY REG. DIST. NO. **4186**

**1. PLACE OF DEATH**  
a. COUNTY **Franklin**  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Sullivan Mo.** c. LENGTH OF STAY (in days) **10 wks.**  
d. FULL NAME OF HOSPITAL OR INSTITUTION **Northside Hospital**

**2. USUAL RESIDENCE** (Where deceased lived, if institution; residence before admission).  
a. STATE **Missouri** b. COUNTY **Franklin**  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Sullivan**  
d. STREET ADDRESS (If rural, give location) **33 E Euclid**

**3. NAME OF DECEASED**  
a. (First) **Maggie** b. (Middle) **Theresa** c. (Last) **Campbell**  
4. DATE OF DEATH (Month) (Day) (Year) **Dec. 2 1956**

**5. SEX** **Female** **6. COLOR OR RACE** **White** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)** **Widowed** **8. DATE OF BIRTH** **Jan. 24 1890** **9. AGE** (In years last birthday) **66** **IF UNDER 1 YEAR** (Month) (Day) (Hour) (Min.) **10** **8** **0** **0**

**10a. USUAL OCCUPATION** (Give kind of work done, or part of work, if life, even if retired) **Housewife** **10b. KIND OF BUSINESS OR INDUSTRY** **none** **11. BIRTHPLACE** (State or foreign country) **Washington County Mo.** **12. CITIZEN OF WHAT COUNTRY.** **USA.**

**13a. FATHER'S NAME** **David Campbell** **13b. MOTHER'S MAIDEN NAME** **Fannie Pratt** **14. NAME OF HUSBAND OR WIFE** **Howard I Campbell**

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes or unknown) **no** (If yes, give dates of service) **none** **16. SOCIAL SECURITY NO.** **none** **17. INFORMANT'S SIGNATURE OR NAME** **Hallie Campbell** **ADDRESS** **Sullivan Mo.**

**18. CAUSE OF DEATH**  
Enter only one cause per line for (a), (b), and (c)  
**I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\*** (a) **Acute Coronary Thrombosis**  
**ANTECEDENT CAUSES**  
**\* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.**  
**Forbidd conditions, if any, giving rise to the above, cause (a) stating the underlying cause last.** DUE TO (b) **Arteriosclerotic Cardiovascular Disease**  
DUE TO (c) \_\_\_\_\_  
**II. OTHER SIGNIFICANT CONDITIONS**  
**Conditions contributing to the death but not related to the disease or condition causing death.** **Chronic Cholecystitis**

**INTERVAL BETWEEN ONSET AND DEATH**  
**Minutes** \_\_\_\_\_ **Years** **2**

**19a. DATE OF OPERATION** \_\_\_\_\_ **19b. MAJOR FINDINGS OF OPERATION** \_\_\_\_\_ **19c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)** **Sullivan Mo. MISSOURI**

**20. AUTOPSY?** YES  NO

**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 [ ] NOT WHILE AT WORK [ ]** **21f. HOW DID INJURY OCCUR?** \_\_\_\_\_

**22. I hereby certify that I attended the deceased from** **June 8, 1955**, to **Dec 2, 1956**, that I last saw the deceased alive on **Nov 21, 1956**, and that death occurred at **5:00 p.m.**, from the causes and on the date stated above.

**23a. SIGNATURE** (Degree or title) **Robt. P. Hoffa** **23b. ADDRESS** **9 Sullivan Mission** **23c. DATE SIGNED** **Dec 4 1956**

**24a. BURIAL, CREMATION, REMOVAL (Specify)** **Burial** **24b. DATE** **Dec. 5 56** **24c. NAME OF CEMETERY OR CREMATORY** **I.O.O.F.** **24d. LOCATION (City, town, or county) (State)** **Sullivan Mo.**

**DATE REC'D BY LOCAL REG.** **12-4-56** **REGISTRAR'S SIGNATURE** **Thomas A. Dempsey** **25. FUNERAL DIRECTOR'S SIGNATURE** **Robt. P. Hoffa** **ADDRESS** **Sullivan Mo.**

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 .....  
Student Embalmer

Signed *John P. Shaffer*

Licensed Embalmer No. 2492

P. O. Address. Sullivan Mo

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