

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41811 41042
STATE FILE NUMBER

FILED JAN. 10 1957

Registration District No. 14180 Primary Registration District No. 709 Registrar's No. 127

1. PLACE OF DEATH a. COUNTY Dunklin			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dunklin		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Campbell		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Campbell		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home-507 S. Locust 85 Yrs.			Length of stay in lb		d. STREET ADDRESS (If outside, give location) 507 S. Locust
3. NAME OF DECEASED (Type or print) First CHARLES Middle C. Last BRAY			4. DATE OF DEATH Month Dec. Day 30 Year 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 5 1871	9. AGE (In years last birthday) 85	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Merchant		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Campbell Missouri	
13. FATHER'S NAME Josepha Bray			14. MOTHER'S MAIDEN NAME Albertine McElyea		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Savannah Miller Campbell Missouri	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary Occlusion					INTERVAL BETWEEN ONSET AND DEATH 17 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					DUE TO (b) _____ DUE TO (c) _____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a. m. _____ p. m. _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 12/29/56 to _____ and last saw him ^{her} alive on 12/29/56 . Death occurred at 1:00 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Wallace Belsey mid. (Degree or title)			22b. ADDRESS Campbell Mo.		22c. DATE SIGNED 1/13/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Dec. 31 1956		23c. NAME OF CEMETERY OR CREMATORY Rocky Hill Cemetery	
				23d. LOCATION (City, town, or county) (State) Campbell Missouri	
24. FUNERAL DIRECTOR Landess Funeral Home Campbell, Mo.			25. DATE RECD. BY LOCAL REG. 1-5-1957		25. REGISTRAR'S SIGNATURE Mrs. Beulah Campbell

(Licensed Embalmer's Statement on Reverse Side)

hh, hlfare, lic, vice, 00, 56, diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

RECEIVED DUNKLIN COUNTY
DEPARTMENT..... 1-8-5
COUNTY FILE NUMBER 15

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Christina M. Land*

Licensed Embalmer No...*4*

P. O. Address...*Camp*

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.