

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **42192**

FILED JAN 7 1957

BIRTH NO. _____ REG. DIST. NO. 212 PRIMARY REG. DIST. NO. 3044 Registrar's No. 51

1. PLACE OF DEATH a. COUNTY Miller		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Miller	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Eldon		c. CITY OR TOWN Eldon	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 15 yrs		e. STREET ADDRESS (If rural, give location) 105 West 9th	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 105 West 9th			

3. NAME OF DECEASED (Type or Print) a. (First) Christopher b. (Middle) Enloe c. (Last) Campbell			4. DATE OF DEATH (Month) (Day) (Year) Dec. 10 1956		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug. 15 1882	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Gen. farming	11. BIRTHPLACE (City and State or Foreign Country) Cole County Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Moses Campbell	13b. MOTHER'S MAIDEN NAME Cathryn Amos	14. NAME OF HUSBAND OR WIFE Alice Wiser
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Ray Campbell	ADDRESS _____
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH D.O.A.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ASPHYXIA		
	ANTECEDENT CAUSES DUE TO (b) INSUFFLATION OF VOMITUS DUE TO (c) GASTRITIS		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION 543x	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) none	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) none
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR _____
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22. I hereby certify that I attended the deceased from 2-25, 1956, to 11-28, 1956, that I last saw the deceased alive on 11-28, 1956, and that death occurred at D.O.A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D.O.	23b. ADDRESS Eldon, Mo	23c. DATE SIGNED Dec. 13, 56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 14, 56	24c. NAME OF CEMETERY OR CREMATORY Greenridge	24d. LOCATION (City, town, or county) (State) Miller Co. Mo.
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DATE REC'D BY LOCAL REG. Dec. 13, 1956	REGISTRAR'S SIGNATURE Cilveretta Wally	25. FUNERAL DIRECTOR'S SIGNATURE Keith M. Ray	ADDRESS Eldon Mo
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

666

1920

RECEIVED

JAN 2 '57

Miller County
Health Department

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 *Keith M. Kays*.....
Licensed Embalmer No. 3998

P. O. Address *Eldon*.....

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.