

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JAN 30 1957

State File No. **2217**

No. 300  
10.48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **273** PRIMARY REG. DIST. NO. **5915** Registrar's No. **1**

1. PLACE OF DEATH a. COUNTY <b>Perry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Illinois</b> b. COUNTY <b>Morgan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Central Twp.</b>		c. CITY OR TOWN <b>Modesto</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		f. STREET ADDRESS (If rural, give location) <b>81208</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Highway #51</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Richard</b> b. (Middle) <b>M.</b> c. (Last) <b>Campbell</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 5, 1957</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Sept. 6, 1931</b>	9. AGE (In years last birthday) <b>25</b>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Truck Operator</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Modesto, Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Murle Campbell</b>	13b. MOTHER'S MAIDEN NAME <b>Eva Hudnall</b>	14. NAME OF HUSBAND OR WIFE <b>Itta Campbell</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>360-24-7892</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Murle Campbell</b> ADDRESS <b>Modesto, Illinois</b>
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>3rd degree burn</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Truck Collision</b> DUE TO (c) <b>Ignition of Gas Tank</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT HOME OR HOME (Specify) <b>Accident Highway #51</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Highway #51</b>	21c. (CITY, TOWN, OR TOWNSHIP) <b>Perry Mo.</b> (COUNTY) <b>019</b> (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>JAN. 5. 1957 1:15</b>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Rear-impact collision of truck ignition of fuel</b>
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22. I hereby certify that I attended the deceased from **Coroner of Perry Co. Mo.** to **19** Mo., to **19**, that I last saw the deceased alive on **19** Mo., and that death occurred at **19** m., from the causes and on the date stated above.

23a. SIGNATURE <b>C. M. Hedman</b> (Degree or title) <b>Coroner of Perry County, Mo.</b>	23b. ADDRESS <b>Perryville, Mo.</b>	23c. DATE SIGNED <b>1-5-57</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Jan. 7, 1957</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oak Hill Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Palmyra, Illinois</b>
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DATE REC'D BY LOCAL REG. <b>Jan 5-57</b>	REGISTRAR'S SIGNATURE <b>Joe J. Zellner</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Young &amp; Sons</b> ADDRESS <b>Perryville Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

810.

JAN 8 0 1951

FEB 7 1951

MAR 17 1951

APR 12 1951

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 *Wallace Young*

Licensed Embalmer No. 4027

P. O. Address *Perryville*

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.