

FILED JUN 25 1957

Registration District No. 4 Primary Registration District No. 4016 Registrar's No. 63

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1-56  
0030

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All 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

1. PLACE OF DEATH a. COUNTY <b>Atchison</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Atchison</b>				
b. CITY (If outside corporate limits, give TOWNSHIP or TOWN) <b>Tarkio</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Tarkio</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Length of stay in lb <b>45 yrs</b>		0030 STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>EARL</b> Middle <b>*</b> Last <b>CAMPBELL</b>				4. DATE OF DEATH Month <b>June</b> Day <b>6</b> Year <b>1957</b>				
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>March 10, 1907</b>		9. AGE (In years last birthday) <b>50</b>	IF UNDER 1 YEAR Months <b>2</b> Days <b>26</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>day labor</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Allansdale, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13. FATHER'S NAME <b>Rosher Campbell</b>				14. MOTHER'S MAIDEN NAME <b>Bessie Vassar</b>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>* 500-07-7473</b>		17. INFORMANT Address <b>Mrs. Rosher Campbell Tarkio, Mo.</b>				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Massive pulmonary hemorrhage</b> DUE TO (b) <b>Pulmonary tuberculosis</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>002X</b>							INTERVAL BETWEEN ONSET AND DEATH <b>2</b>	
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 _____ a. m. _____ p. m. _____ Month, Day, Year _____								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT 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 <b>4/17/52</b> to <b>6/6/57</b> and last saw <del>him</del> <b>her</b> alive on <b>1/5/57</b> . Death occurred at <b>1145 P</b> on the date stated above; and to the best of my knowledge, from the causes stated.								
21a. SIGNATURE (Deceased or title) <b>W. Niedermeier</b>				21b. ADDRESS <b>Tarkio, Mo.</b>		21c. DATE SIGNED <b>6/8/57</b>		
23a. BURIAL, CREMATION, REMOVAL (SP (city)) <b>burial</b>		23b. DATE <b>6/9/57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Home Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Tarkio, Mo.</b>			
24. FUNERAL DIRECTOR ADDRESS <b>Davis Funeral Home Tarkio, Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>June 21, 1957</b>		26. REGISTRAR'S SIGNATURE <b>Harvin H. Scholer</b>			

NOV 13 1951

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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 em

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

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Frost A Browning*

Licensed Embalmer No. 3338

P. O. Address Tarkio, Mo.

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.