pt. Health,
., & Welfare
S. Public
lth Service

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ev. 1-57

FILED DEC 18 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

43395
STATE FILE NUMBER

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 286

1. PLACE OF DEATH
a. COUNTY: Audrain
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Mexico — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Audrain Hospital — Length of stay in 1b: 16yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Audrain
c. CITY OR TOWN: Mexico — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 622 W. Breckenridge — Reside on Farm: Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print): First: ISAAC Middle: GUY Last: CAMPBELL

4. DATE OF DEATH Month: Dec. Day: 1 Year: 1957

5. SEX: Male **6. COLOR OR RACE**: White **7. MARITAL STATUS**: MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: Feb. 15, 1881 **9. AGE** (In years last birthday): 76 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter
10b. KIND OF BUSINESS OR INDUSTRY: Painting
11. BIRTHPLACE (City and state or country): Livingston County, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Isaac Campbell
13b. MOTHER'S MAIDEN NAME: Zerilda House
14. NAME OF HUSBAND OR WIFE: Edna Campbell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs. Edna Campbell, Mexico, Mo. Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Gastric hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): Duodenal ulcer — unknown
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Diabetes mellitus 5410

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]
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 [ ] NOT WHILE AT WORK [ ]
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 10-25-57 to 12-1-57 and last saw her/him alive on 12-1-57
Death occurred at 11 — A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Ernest S. Gantt MD
22b. ADDRESS: Mexico, Mo
22c. DATE SIGNED: 12-1-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: Dec. 1, 57
23c. NAME OF CEMETERY OR CREMATORY: Shelbern
23d. LOCATION (City, town, or county) (State): Grundy County, Mo.

24. FUNERAL DIRECTOR: Precht-Hueston ADDRESS: Mexico, Mo.
25. DATE RECD. BY LOCAL REG.: Dec 1-1957
26. REGISTRAR'S SIGNATURE: Blanche Neely

(Licensed Embalmer's Statement on Reverse Side)

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Ralph L. Houston Jr

Licensed Embalmer No. 4687

P. O. Address Mexico, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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