

FILED JAN 20 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

356

STATE FILE NUMBER

Registration District No. 42

Primary Registration District No. 5127

Registrar's No. 18

1. PLACE OF DEATH a. COUNTY BUCHANAN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY BUCHANAN	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JACKSON TOWNSHIP		c. CITY OR TOWN DEARBORN	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ROUTE 1 DEARBORN MO		Length of stay in 1b LIFE	
d. STREET ADDRESS ROUTE 1		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last ORVILLE CAMPBELL			4. DATE OF DEATH Month Day Year JAN. 1, 1958		
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH APRIL 16, 1893	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months Days	IF UNDER 24 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 FARMING	11. BIRTHPLACE (City and state or country) BUCHANAN COUNTY, MO.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME CHARLES W. CAMPBELL	13b. MOTHER'S MAIDEN NAME ELIZABETH REDDEN	14. NAME OF HUSBAND OR WIFE VIOLA CAMPBELL
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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. UNKNOWN	17. INFORMANT MRS. HALLIE HOUSMAN	Address 3009 JULES CITY
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) FREEZING		APP. 12 hours
DUE TO (b) exposure to extreme cold		APP. 12 hours
DUE TO (c) SENILE PSYCHOSIS		2 years
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 checked="" 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.) DECEASED WANDERED INTO SNOW AND COLD WEATHER
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20c. TIME OF INJURY Hour * Month, Day, Year p.m. 12-31-57	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.) about farm home	20e. CITY, TOWN, OR LOCATION JACKSON TOWNSHIP BUCHANAN MISSOURI
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.) about farm home	20f. CITY, TOWN, OR LOCATION JACKSON TOWNSHIP BUCHANAN MISSOURI
21. I attended the deceased from death occurred at approximately 4:00 a.m. to never and he was ^{her} alive on ^{him} the date stated above; and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE (Degree or title) Don Maloney MD (Broner)	22b. ADDRESS Bldg of Josephine	22c. DATE SIGNED 1-8-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE JAN. 5, 1958	23c. NAME OF CEMETERY OR CREMATORY DEARBORN CEMETERY	23d. LOCATION (City, town, or county) (State) DEARBORN MISSOURI
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24. FUNERAL DIRECTOR VAUGH*AUFRANC	ADDRESS DEARBORN, MO.	25. DATE RECD. BY LOCAL REG. Jan. 8, 1958	26. REGISTRAR'S SIGNATURE Mrs. Robert Fulton
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Any diseases in Part I must be causally related.

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 *W. R. Vaughn*

Licensed Embalmer No. *4023*

P. O. Address *Weston, 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.