FILED FEB 10 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 626

Registration District No. 75 Primary Registration District No. 3015 Registrar's No. 17

1. PLACE OF DEATH
a. COUNTY: CLINTON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Cameron — Inside Limits: Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Her Home — Length of stay in 1b:

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Clinton
c. CITY OR TOWN: Cameron — Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location): 426 N. Cherry St. — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Olif Middle: Last: Campbell
4. DATE OF DEATH: Month: Jan. Day: 24 Year: 1958
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED X DIVORCED ☐
8. DATE OF BIRTH: Oct. 28. 1872
9. AGE (In years last birthday): 85
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): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): Maysville. MO
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John F.M. Sharp.
14. MOTHER'S MAIDEN NAME: Elizabeth Ritchie.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): —
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: No
17. INFORMANT: Mrs. Eunice Taylor Address: Cameron, Mo

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) Adenocarcinoma with metastasis left Breast
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 170 X
INTERVAL BETWEEN ONSET AND DEATH: 3½ years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
Arteriosclerotic Heart Disease
19. WAS AUTOPSY PERFORMED? YES ☐ 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 1-20-58 to 1-4-58 and last saw her/him alive on 1-4-58
Death occurred at 12:45 p. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: G T Wellerton (Degree or title) MD
22b. ADDRESS: Cameron Mo
22c. DATE SIGNED: 1-29-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Jan. 27-1958
23c. NAME OF CEMETERY OR CREMATORY: Winston Cemetery
23d. LOCATION (City, town, or county) (State): Winston Mo
24. FUNERAL DIRECTOR: DeMoss Crunk ADDRESS: Cameron, Mo.
25. DATE RECD. BY LOCAL REG.: 2-2-58
26. REGISTRAR'S SIGNATURE: Frances W Crawford

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..Lee Moss Clerk.....

Licensed Embalmer No. 25

P. O. Address Cameron

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.