

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1732

FILED JAN 21 1958

BIRTH NO. _____ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 559V Registrar's No. 5

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>SCOTT</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural Joachim</u>		c. CITY OR TOWN <u>CHAFFEE</u>	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>20 DAYS</u>		e. STREET ADDRESS (If rural, give location) <u>330 W. YORKUM AVE.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MOUNTAIN VIEW NURSING HOME</u>			
3. NAME OF DECEASED a. (First) <u>HENRY</u>		b. (Middle) <u>CLAY</u> c. (Last) <u>CAMPBELL</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 7, 1958</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>FEB. 13, 1878</u>
9. AGE (In years) (Months) (Days) <u>79 10 24</u>	IF UNDER 1 YEAR		IF UNDER 6 WKS. (Hours) (Min.)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Rlwy-Locomotive ENGR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FRISCO Rlwy Co.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>SLEEPER, MISSOURI</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>JAMES MADISON CAMPBELL</u>		13b. MOTHER'S MAIDEN NAME <u>LUCY SIMPSON</u>	
14. NAME OF HUSBAND OR WIFE <u>STELLA DRINKARD CAMPBELL</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>HENRIETTA CAMPBELL-CHAFFEE, Mo</u>		ADDRESS	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Esophagus</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>12-18-57</u> to <u>1-6-58</u> , that I last saw the deceased alive on <u>1-6-58</u> , and that death occurred at <u>1:10 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>A. J. ...</u>		23b. ADDRESS <u>112 Mississippi Ave., Crystal City, Mo.</u>	
23c. DATE SIGNED <u>1-9-58</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>JAN 10, 1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>CAPE GIRARDEAU, MO.</u>
DATE REC'D BY LOCAL REG. <u>1-9-58</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>BISLINGHOFF FUNERAL HOME - CHAFFEE, MO.</u> ADDRESS	

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED
1-15-58

FEB 19 1958

FEB 27 1958

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 *Jack J. Burnett*

Licensed Embalmer No. *442*

P. O. Address *Chaffee, 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.