Health, Welfare Public Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED FEB 20 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

DATE FILED NUMBER 58-004335

Registration District No. 4 Primary Registration District No. 4014 Registrar's No. 11

1. PLACE OF DEATH
a. COUNTY Atchison
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fairfax Mo — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Fairfax Hospital — Length of stay in Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Atchison
c. CITY OR TOWN Rock. Port Mo — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First Mary Middle Campbell Last Stiles

4. DATE OF DEATH Month Feb. Day 4 Year 1958

5. SEX F **6. COLOR OR RACE** W **7. MARRIED** ☐ **NEVER MARRIED** ☐ **WIDOWED** ☑ **DIVORCED** ☐

8. DATE OF BIRTH **9. AGE** (In years last birthday) 84 — IF UNDER 1 YEAR: Months 8 Days 13 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Bucklin Mo
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Hugh C. Campbell
14. MOTHER'S MAIDEN NAME Henretta Sanford

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. no
17. INFORMANT Mrs. Raymond Smith Address Rock. Port 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) Cardio-Vascular Accident - Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 10 DAYS.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cardiac Decompensation — 2 YRS
DUE TO (c) Generalized Arteriosclerosis. — 10 YRS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4201
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 Nov. 1956 to Feb 14, 1958 and last saw her alive on 14 Feb, 1958
Death occurred at 3:30 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE James R Allen. MD (Degree or title)
22b. ADDRESS Rock Port, Mo
22c. DATE SIGNED 6-26-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Feb 7-1958
23c. NAME OF CEMETERY OR CREMATORY Greenhill Cemetery
23d. LOCATION (City, town, or county) Rock. Port (State) Mo

24. FUNERAL DIRECTOR Bertram Funeral Home **ADDRESS** Rock Port Mo
25. DATE RECD. BY LOCAL REG. Feb 11, 1958
26. REGISTRAR'S SIGNATURE Therain L. Schaeler

(Licensed Embalmer's Statement on Reverse Side)

FEB 24 1958

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 G. E. Pintram.....

Licensed Embalmer No. 176

P. O. Address Rock Port

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.