

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-006487
STATE FILE NUMBER

FILED MAR 10 1958

Registration District No. 212 Primary Registration District No. 3044 Registrar's No. 3

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 causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Miller</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>MILLER</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ELDON</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>ELDON</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>123 So-Locus</u>			Length of stay in lb <u>149-</u>		d. STREET ADDRESS (If outside, give location) <u>123 So-Locus</u>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>Abraham-Hickman Campbell</u>				4. DATE OF DEATH <u>Jan-11-1958</u>		Month <u>Jan</u> Day <u>11</u> Year <u>1958</u>			
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>3 Dec 1877</u>		9. AGE (In years last birth day) <u>80</u> IF UNDER 1 YEAR: Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u> IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City, state and country) <u>Cole-Co-Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Moses-Campbell</u>				14. MOTHER'S MAIDEN NAME <u>Cathryn-Amos</u>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>				16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT <u>Stella-Cunningham-ELDON, Mo</u> Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary Edema</u> DUE TO (b) <u>Congestive Heart Failure</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>FIRST degree BURNS</u>								19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>	
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.) <u>NONE</u>						
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. <u>NONE</u>			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>NONE</u>						
20e. CITY, TOWN, OR LOCATION <u>NONE</u>			COUNTY		STATE				
21. I attended the deceased from <u>Jan 4, 1958</u> to <u>Jan 11, 1958</u> and last saw ^{him} alive on <u>Jan 10, 1958</u> Death occurred at <u>3:15 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <u>Robert E Mason</u> (Degree or title)				22b. ADDRESS <u>D.O LAKE-OZARK-Mo</u>				22c. DATE SIGNED <u>11 JAN-58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>13 JAN-1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>MT-PLEASANT-</u>			23d. LOCATION (City, town, or county) (State) <u>MT-PLEASANT-Mo</u>		
24. FUNERAL DIRECTOR <u>Keith M. Papp</u> ADDRESS <u>ELDON</u>				25. DATE RECD. BY LOCAL REG. <u>Jan. 13, 1958</u>		26. REGISTRAR'S SIGNATURE <u>Clara Veretta Walt</u>			

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

MAR 4 '58

Miller County
Health Department

MS MAY 1 1959

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 *Keith M. Kays*.....
Licensed Embalmer No. *397*

P. O. Address *Eldon Mo*.....

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.