

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-009415  
STATE FILE NUMBER

FILED APR 7 1958

Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. 106

1. PLACE OF DEATH a. COUNTY <i>Franklin</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Franklin</i>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Washington</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>St. Clair 0360</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) - HOSPITAL OR INSTITUTION <i>St. Francis Hosp</i>			Length of stay in 1b <i>10 days</i>		d. STREET ADDRESS (If outside, give location) <i>RR 2</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last <i>George W. Campbell</i>				4. DATE OF DEATH Month Day Year <i>Mar. 31, 1958</i>					
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>		8. DATE OF BIRTH <i>Aug. 16, 1906</i>		9. AGE (In years last birthday) <i>51</i>	IF UNDER 1 YEAR Months <i>7</i> Days <i>15</i>	IF UNDER 24 HRS. Hours <i></i> Min. <i></i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Minister</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>Church of God Wine Garden, Missouri</i>		11. BIRTHPLACE (City and state or country) <i>Mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		
13a. FATHER'S NAME <i>George W. Campbell</i>			13b. MOTHER'S MAIDEN NAME <i>Mary Nash</i>			14. NAME OF HUSBAND OR WIFE <i> Evelyn Campbell</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, go on or unknown) (If yes, give year or dates of service) <i>Yes W.W. 2</i>			16. SOCIAL SECURITY NO. <i>498-18-5972</i>		17. INFORMANT Address <i>L. W. Baker, St. Clair, Missouri</i>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute cardiac decompensation.</i>							INTERVAL BETWEEN ONSET AND DEATH		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Myocarditis + myocardial infarct</i>								
	DUE TO (c) <i>nephritis - arteria sclerosis</i>								
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.) <i>0</i>						
20c. TIME OF INJURY Hour a.m. p.m.									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <i>March 21, 58</i> to <i>March 31, 58</i> and last saw him <i>live on March 31, 58</i> Death occurred at <i>5:50 P.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <i>J. J. For</i> M 40				22b. ADDRESS <i>Washington Mo</i>			22c. DATE SIGNED <i>4/1/58</i>		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY			23d. LOCATION (City, town, or country) (State)			
<i>Burial</i>		<i>Apr. 3, 1958</i>	<i>Steelville Cemetery</i>			<i>Steelville, Missouri</i>			
24. FUNERAL DIRECTOR ADDRESS			25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE				
<i>Halbert Funeral Home, Steelville, Mo</i>			<i>4/1/58</i>		<i>F. S. Schumann &amp; R. Schumann</i>				

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

APR 2 1958

APR 17 1958

APR 9 1958

APR 23 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 *Jerome F. Swoboda*

Licensed Embalmer No. 4507  
P. O. Address Washington

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.