

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-022944  
STATE FILE NUMBER

FILED JUN 17 1958

Registration District No. 297 Primary Registration District No. 3057 Registrar's No. 57

S. 300  
v. 1-57

1. PLACE OF DEATH a. COUNTY <b>Ray</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Ray</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Richmond</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Richmond</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>436 S. Thornton</b>		Length of stay in lb <b>71 years</b>	d. STREET ADDRESS (If outside, give location) <b>0891 436 S. Thornton</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>Emmett Benjamin Campbell</b>			4. DATE OF DEATH Month Day Year <b>June 8, 1958</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>April 24, 1887</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Trucking</b>	9. AGE (In years last birthday) <b>71</b> IF UNDER 1 YEAR Months Days <b>1 10</b> IF UNDER 24 HRS. Hours Min.
11. BIRTHPLACE (City and state or country) <b>Richmond, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	
14. NAME OF HUSBAND OR WIFE <b>Ruby Campbell</b>		17. INFORMANT Address <b>Mrs. Ruby Campbell, Richmond, Missouri</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No None</b>		16. SOCIAL SECURITY NO. <b>486-05-9000</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Occlusion</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Generalized Arteriosclerosis</b> DUE TO (c) <b>Diabetes Mellitus</b>			INTERVAL BETWEEN ONSET AND DEATH <b>5 hours</b>
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"/> <b>2</b>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>4201</b>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <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 <b>10-31-55</b> to <b>6-8-58</b> and last saw <sup>her</sup> him alive on <b>May, 1958</b> Death occurred at <b>5:00 P.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Thomas B. G. M.D. O</b>		22b. ADDRESS <b>Richmond, Mo.</b>	
22c. DATE SIGNED <b>6/11/58</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>June 11, 1958</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Woodland</b>		23d. LOCATION (City, town, or county) (State) <b>Richmond, Missouri</b>	
25. DATE RECD. BY LOCAL REG. <b>10-13-1958</b>		26. REGISTRAR'S SIGNATURE <b>Mabel Jackson</b>	
FUNERAL DIRECTOR <b>Quest-Life Funeral Home</b> <b>Richmond, Missouri</b>			

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

