

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029936

STATE FILE NUMBER

FILED AUG 27 1958 Registration District No. 282 Primary Registration District No. 4424 Registrar's No. 94

1. PLACE OF DEATH a. COUNTY POLK		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY POLK	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN HUMANSVILLE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN BOLIVAR 0841
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DUNNITT HOSP		Length of stay in lb 37 Day	d. STREET ADDRESS (If outside, give location) 111 W. HUCKLEY
3. NAME OF DECEASED (Type or print) First Middle Last SARAH Elsie CAMPBELL			4. DATE OF DEATH Month Day Year August 15 1958
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MAR 13, 1881
9. AGE (In years last birthday) 77		MONTHS 5 DAYS 2	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY Home work	11. BIRTHPLACE (City and state or country) Polk County, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME George W. Campbell	
13b. MOTHER'S MAIDEN NAME Flora E. Begley		14. NAME OF HUSBAND OR WIFE NONE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. NO	17. INFORMANT Georgie Campbell, Bolivar, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic myocarditis			INTERVAL BETWEEN ONSET AND DEATH —
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			4222
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.)	
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 July - 58 to 8/15/58 and last saw her alive on 8/15/58 Death occurred at 5:30 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) D. H. Robinson M.D.		22b. ADDRESS Humansville, Mo.	22c. DATE SIGNED 8/19/58
23a. BURIAL, CREMATION, or MOV. (Specify) BURIAL	23b. DATE Aug. 17, 1958	23c. NAME OF CEMETERY OR CREMATORY DUNNEGAN Cem.	23d. LOCATION (City, town, or county) (State) DUNNEGAN MO.
24. COUNTY DIRECTOR ERWIN F.H.	ADDRESS BOLIVAR MO	25. DATE RECD. BY LOCAL REG. Aug 22, 1958	26. REGISTRAR'S SIGNATURE Ralph Gordonpernell

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

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 Marshall C. Black

Licensed Embalmer No. 4713
P. O. Address Balivan, M

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.