

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-031619

STATE FILE NUMBER

FILED OCT 14 1958

Registration District No. 4

Primary Registration District No. 4014

Registrar's No. 80

1. PLACE OF DEATH a. COUNTY <u>Atchison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>0030</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fairfax Mo</u>		c. CITY OR TOWN <u>Langdon Mo</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Fairfax Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>2 info. steps</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>James Archibald Campbell</u>		4. DATE OF DEATH Month Day Year <u>Oct - 8 1958</u>	
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W</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>Sept 11 - 1885</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		9b. AGE (In years last birthday) <u>73</u>	
10a. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Rock - Port Mo</u>	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME <u>John D. Campbell</u>	
14. MOTHER'S MAIDEN NAME <u>Jessie Hunter</u>		15. NAME OF HUSBAND OR WIFE <u>Christene Campbell</u>	
16. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		17. SOCIAL SECURITY NO. <u>496-42-0146</u>	
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>Multiple Myeloma (Terminal)</u>		19. INTERVAL BETWEEN ONSET AND DEATH <u>1 week + 5 days</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>203X</u>		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
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 <u>Sept 20, 1958</u> to <u>Oct 8, 1958</u> and last saw him alive on <u>Oct 11, 1958</u> Death occurred at <u>Fairfax Hospital</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Ernest Littlewood</u>		22b. ADDRESS <u>Rock Hill Mo</u>	
22c. DATE SIGNED <u>10-9-58</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>Oct 10 - 1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Elmwood Cemetery</u>	
23d. LOCATION (City, town, or county) (State) <u>Rock - Port Mo</u>		24. FUNERAL DIRECTOR ADDRESS <u>Bestman Funeral Home - Rock - Port Mo</u>	
25. DATE RECD. BY LOCAL REG. <u>Oct 14, 1958</u>		26. REGISTRAR'S SIGNATURE <u>Therese H. Schaefer</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Color, corner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

JAN 23 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 *C. E. Bickham*

Licensed Embalmer No. *1764*

P. O. Address *Rock Port Mo*

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.