

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035314
STATE FILE NUMBER

FILED SEP 17 1958 Registration District No. 374 Primary Registration District No. 6273 Registrar's No. 337

1. PLACE OF DEATH a. COUNTY Worth County		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Worth	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fletchall township Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 6273		c. CITY OR TOWN Grant City Missouri Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 11300	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION home 2 miles north of Grant City Length of stay in 1b life		d. STREET ADDRESS (If outside, give location) 2 miles north Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Cathy Middle Lynn Last Campbell			4. DATE OF DEATH Month September Day 2 Year 1958		
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April-3-1956	9. AGE (In years last birthday) 2	IF UNDER 1 YEAR Month 4 Days 29 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (City and state or country) Allendale Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Dwane Campbell			14. MOTHER'S MAIDEN NAME Frances Roach		
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. none	17. INFORMANT Address Frances R Campbell Grant City 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) Iron-deficiency Anemia		INTERVAL BETWEEN ONSET AND DEATH lifetime
DUE TO (b) Diet including very little except milk		##
DUE TO (c) 291X		
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"/> 2

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 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 **DOA September 2, 1958** and last saw her alive on **her** **him**
Death occurred at **@ 2am** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Frank B Matteson (Degree or title) Frank B Matteson M.D. Worth Co.	22b. ADDRESS Grant City, Mo	22c. DATE SIGNED 9/4/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Sept 4-58	23c. NAME OF CEMETERY OR CREMATORY Kirk Cemetery	23d. LOCATION (City, town, or county) (State) Allendale Missouri
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24. FUNERAL DIRECTOR John Andrews Grant City Mo	25. DATE RECD. BY LOCAL REG. Sept 11, 1958	26. REGISTRAR'S SIGNATURE Keta E. Dawson
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(Licensed Embalmer's Statement on Reverse Side)

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

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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 John Andrews Student Embalmer No.

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John Andrews
Licensed Embalmer No. 42

P. O. Address Grant City

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.