

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035759

STATE FILE NUMBER

FILED OCT 24 1958 Registration District No. 62 Primary Registration District No. 4108 Registrar's No. 24

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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Cedar		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cedar	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Stockton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Stockton
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 204 East St.		Length of stay in lb	d. STREET (If outside, give location) ADDRESS 204 East St.
3. NAME OF DECEASED (Type or print) First Middle Last MARJORIE LORENE CAMPBELL			4. DATE OF DEATH Month Day Year Oct. 18, 1958
5. SEX Female /	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 19, 1911
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	9. AGE (In years at birthday) 47 IF UNDER 1 YEAR: Months 7 Day 29 IF UNDER 24 HRS.: Hours Min.
11. BIRTHPLACE (City and state or country) Eldon, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Clarence W. Strange		13b. MOTHER'S MAIDEN NAME Cora Cotton	
14. NAME OF HUSBAND OR WIFE Courtland Campbell		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 Address Courtland Campbell, Stockton, 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) <u>Exacerbated lymphosarcoma</u> <u>Follicular type</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 yrs.</u>
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>2.3.56</u> to <u>10.18.58</u> and last saw her ^{her} alive on <u>10.18.58</u> Death occurred at <u>6:10 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Wm. B. Richter M.D.</u>		22b. ADDRESS <u>Stockton Mo</u>	
22c. DATE SIGNED <u>10.18.58</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>10-19-1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Gum Springs Cemetery</u>	
23d. LOCATION (City, town, or county) (State) <u>Cedar County, Mo.</u>		24. FUNERAL DIRECTOR ADDRESS <u>Cantlon Fun. Home, Stockton, Mo.</u>	
25. DATE RECD. BY LOCAL REG. <u>10-19-1958</u>		26. REGISTRAR'S SIGNATURE <u>Geneva Garrison</u>	

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 *John A. Cantlon*

Licensed Embalmer No. *4387*

P. O. Address *Stoughton, 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.