

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040769

STATE FILE NUMBER

FILED DEC 11 1958

Registration District No. 212

Primary Registration District No. 3044

Registrar's No. 58

300
1-57

1. PLACE OF DEATH a. COUNTY <u>MILLER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MILLER</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ELDON</u>		c. CITY OR TOWN <u>ELDON</u> ⁶⁶⁶	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>124 Chestnut</u>		d. STREET ADDRESS (If outside, give location) <u>124 Chestnut</u>	
3. NAME OF DECEASED (Type or print) <u>Robert- William- Campbell</u>		4. DATE OF DEATH Month <u>Nov</u> Day <u>22</u> Year <u>1958</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>5 Dec-1895</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired-FARMER-</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GEN-FARMING-</u>	11. BIRTHPLACE (City and state or country) <u>Cole-Co-Mo</u>
13a. FATHER'S NAME <u>Moses-Campbell</u>		13b. MOTHER'S MAIDEN NAME <u>Cathrine-Ames</u>	14. NAME OF HUSBAND OR WIFE <u>Linda-Ambrose-Campbell</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT Address <u>CARL Campbell- ELDON Mo</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>INCREASED INTRA-CRANIAL PRESSURE (MEDULLARY FAILURE)</u> DUE TO (b) <u>MASSIVE SUBARACHNOID HEMORRHAGE</u> DUE TO (c) <u>ADVANCED ARTERIOSCLEROSIS</u>			INTERVAL BETWEEN ONSET AND DEATH
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.) <u>NONE</u>		
20c. TIME OF INJURY Hour Month, Day, Year a.m. <u>NONE</u> p.m.	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>NONE</u>		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>NONE</u>		
21. I attended the deceased from <u>Nov-14, 1958</u> to <u>Nov-21, 1958</u> and last saw <u>him</u> alive on <u>Nov-21, 1958</u> Death occurred at <u>2120 A</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Robert O. Wondolby, D.D.</u>		22b. ADDRESS <u>ELDON Mo</u>	22c. DATE SIGNED <u>22 Nov-1958</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>23-Nov-1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>HICKORY-HILL</u>	23d. LOCATION (City, town, or county) (State) <u>HICKORY-HILL-ColeCo-Mo</u>
24. FUNERAL DIRECTOR <u>Keith McKays</u>		25. DATE RECD. BY LOCAL REG. <u>ELDON-Mo Nov. 22, 58</u>	26. REGISTRAR'S SIGNATURE <u>Clarence W. Waltz</u>

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Keith McKays*

Licensed Embalmer No. *3998*

P. O. Address *Eldon, 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.