

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040970
STATE FILE NUMBER

FILED NOV 17 1958 Registration District No. 274 Primary Registration District No. 2052 Registrar's No. 424

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Green Ridge Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bothwell Memorial		Length of stay in 1b 10 hrs.	d. STREET ADDRESS R.R. # 2 (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Stirley Ray Campbell			4. DATE OF DEATH Month Day Year 11-6-58		
5. SEX Male <input checked="" type="checkbox"/>	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 April 22 1909	9. AGE (In years last birthday) 49	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver		10b. KIND OF BUSINESS OR INDUSTRY Milk Collection	11. BIRTHPLACE (City and state or country) Camden County, Mo.	12. CITIZEN OF WHAT COUNTRY? U S	
13. FATHER'S NAME John Clinton Campbell			14. MOTHER'S MAIDEN NAME Mary V. Wallace		
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. 500-10-5170	17. INFORMANT Address Mrs. Mabel Campbell RR#2 Green Ridge 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>Cerebral Contusion</u>		INTERVAL BETWEEN ONSET AND DEATH 10 Hours
DUE TO (b) <u>Trauma following Collision</u>		
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>lost front passenger window into fracture compound fracture right ankle</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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>Head on Collision of car driven west 9th street.</u>	
20c. TIME OF INJURY Hour Month, Day, Year 8:05 p.m. 11-5-58	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>street</u>	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20f. CITY, TOWN, OR LOCATION <u>Pettis</u>	COUNTY STATE <u>Mo</u>
21. I attended the deceased from <u>6:30 p.m. 11/5/58</u> to <u>1:30 a.m. 11/6/58</u> and last saw <u>him</u> alive on <u>11/6/58</u> Death occurred at <u>1:45 AM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <u>Thomas J. Higgins, M.D.</u>	22b. ADDRESS <u>Sedalia, Mo.</u>	22c. DATE SIGNED <u>11/6/58</u>

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Nov. 8 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	23d. LOCATION (City, town, or county) (State) <u>Sedalia, Mo.</u>
24. FUNERAL DIRECTOR ADDRESS <u>Glen E. Heck Funeral Home Green Ridge Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Nov 12, 1958</u>	26. REGISTRAR'S SIGNATURE <u>Frances Sheehy</u>

Health, Welfare Public Service X
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
54

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 *Allen E. Heck*.....

Licensed Embalmer No. *406*

P. O. Address *Green Pt.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.