

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44714 58-044713
44713
STATE FILE NUMBER

FILED DEC 22 1958 Registration District No. 169 Primary Registration District No. 5624 Registrar's No. 64

1. PLACE OF DEATH a. COUNTY <u>KNOX</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) - a. STATE <u>MISSOURI</u> b. COUNTY <u>KNOX</u>	
b. CITY OR TOWN <u>EDINA</u> (If outside corporate limits, give TOWNSHIP only)		c. CITY OR TOWN <u>EDINA, Mo</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>3 1/2 MI. S. EDINA</u>		d. STREET ADDRESS (If outside, give location) <u>0520</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
First <u>SADIE</u> Middle <u>KATHERINE</u> Last <u>CAMPBELL</u>		Month <u>DEC</u> Day <u>13</u> Year <u>1958</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>CAUCASIAN</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>MARCH 26, 1870</u>
9. AGE (In years next birthday) <u>88</u>		10. FUNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>	
11. BIRTHPLACE (City and state or country) <u>KNOX COUNTY</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>PETER HONE</u>		13b. MOTHER'S MAIDEN NAME <u>HARRIET GOSNELL</u>	
14. NAME OF HUSBAND OR WIFE <u>COLIN McFALL CAMPBELL</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT <u>VIRGIL CAMPBELL</u>		Address <u>EDINA, 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>Chronic Myocarditis</u> DUE TO (b) <u>arterio Sclerosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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>Herpes Zoster</u>			INTERVAL BETWEEN ONSET AND DEATH <u>?</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 _____ 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>May, 1945</u> to <u>Dec 13 1958</u> and last saw her alive on <u>Dec 12, 1958</u> Death occurred at <u>12:02 AM</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Nelda B. Brown MD</u> (Degree or title)		22b. ADDRESS <u>Knox City, Mo</u>	
22c. DATE SIGNED <u>12/13/58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>DEC. 15-1958</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>LINVILLE</u>		23d. LOCATION (City, town, or county) <u>EDINA</u> (State) <u>Mo.</u>	
24. FUNERAL DIRECTOR <u>Kelly Rogers</u> ADDRESS <u>Brunson, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>12-17-58</u>	
26. REGISTRAR'S SIGNATURE <u>Yell S. Humatt</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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

MAR 11 1959

JUL 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 *Richard B. Kelly*

Licensed Embalmer No. *4490*
P. O. Address *Elm. 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.