

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044890

STATE FILE NUMBER

Health,
Welfare
Public
Service

FILED JAN 8 1959 Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 437

| | | | |
|--|---------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY Marion | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Marion | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Hannibal 06440 |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Elizabeth Hospital | | Length of stay in 1b | d. STREET ADDRESS (If outside, give location) 112 So. 8th St., |
| 3. NAME OF DECEASED (Type or print) First Middle Last Hattie Mae Cambell | | | 4. DATE OF DEATH Month Day Year 12/26/1958 |
| 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 9/8/1882 |
| 9. AGE (In years last birthday) 76 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 11. BIRTHPLACE (City and state or country) Kinderhook, Illinois |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13a. FATHER'S NAME John Riley | | 13b. MOTHER'S MAIDEN NAME Harit. McGlery | 14. NAME OF HUSBAND OR WIFE Charles M. 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. | 17. INFORMANT Address Miss Fern Campbell, 112 S. 8th St., Hannibal, 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) <i>A.S.A. Cerebral Thrombosis</i> DUE TO (b) <i>Diabetes mellitus</i> 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 ? |
| 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 <i>Jan 55</i> to <i>12-26-58</i> and last saw her alive on <i>12-24-58</i> Death occurred at <i>7:10 P.M.</i> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <i>[Signature]</i> (Degree or title) | | 22b. ADDRESS <i>[Address]</i> | 22c. DATE SIGNED <i>12-30-58</i> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 12/29/1958 | 23c. NAME OF CEMETERY OR CREMATORY Grand View Burial Park | 23d. LOCATION (City, town, or country) (State) Hannibal, Missouri |
| 24. FUNERAL DIRECTOR ADDRESS H.M.O'Donnell, Hannibal, Mo. | | 25. DATE RECD. BY LOCAL REG. 12-31-1958 | 26. REGISTRAR'S SIGNATURE <i>[Signature]</i> |

(Licensed Embelmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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RECEIVED JAN 7 1959
MARION CO. HEALTH DEPT.
DATE FILED 7 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 *L. M. O'Connell*

Licensed Embalmer No...3889.....

P. O. Address...Hannibal, 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.