

Health,
Welfare
Public
Service

84099-58

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-045116

STATE FILE NUMBER

FILED DEC 22 1958

Registration District No.

274

Primary Registration District No.

3052

Registrar's No.

474

300
1-57

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| 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 | | c. CITY OR TOWN Sedalia 0800 | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Woodland Hospital | | d. STREET ADDRESS R.R. # 4 | |
| Length of stay in lb life | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |

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| 3. NAME OF DECEASED (Type or print) First Cathryn Middle Neomi Last CAMPBELL | | | 4. DATE OF DEATH Month Dec. Day 12, Year 1958 | | |
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| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Dec. 9, 1958 | 9. AGE (In years last birthday) | IF UNDER 1 YEAR Months 3 | IF UNDER 24 HRS. Hours 0 Min. 0 |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) Sedalia, Mo. | 12. CITIZEN OF WHAT COUNTRY? U S |
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| 13a. FATHER'S NAME Emerson L. Campbell | 13b. MOTHER'S MAIDEN NAME Erma Lee Hampton | 14. NAME OF HUSBAND OR WIFE None |
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| 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. None | 17. INFORMANT Emerson L. Campbell R.R. #4 Sedalia, Mo. | Address |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Circulatory Collapse. | | INTERVAL BETWEEN ONSET AND DEATH 6 HRS |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Congenital Malformation of Heart | | |
| DUE TO (c) | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Prolonged Labor of Mother - Pressure on Brain 7545 | | |

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| 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.) |
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| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | 20d. INJURY OCCURRED WHILE AT WORK <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 |
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| 21. I attended the deceased from 12-9-58 to 12-12-58 and last saw her alive on 12-12-58 Death occurred at 3:06 p.m. on the date stated above; and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE <i>[Signature]</i> (Degree or title) DR | 22b. ADDRESS Woodland Hospital, Sedalia, Mo. | 22c. DATE SIGNED 12-12-58 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE Dec. 13, 1958 | 23c. NAME OF CEMETERY OR CREMATORY Memorial Park | 23d. LOCATION (City, town, or county) (State) Sedalia, Mo. |
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| 24. FUNERAL DIRECTOR Glen E. Heck Funeral Home Green Ridge Mo. | 25. DATE RECD. BY LOCAL REG. 12-15-1958 | 26. REGISTRAR'S SIGNATURE <i>[Signature]</i> |
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

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 *Elen E. Beck*

Licensed Embalmer No. *4063*

P. O. Address *Green Ridge*

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.