

AC 16 213 858

RA118969

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-046752
State File No.

FILED JAN 6 1958

REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 3381

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE MISSOURI b. COUNTY ST. FRANCIS	
b. CITY (If outside corporate limits, write RURAL and give name of rural locality) JEFFERSON BARBACKS		c. CITY OR TOWN FLAT RIVER	
c. LENGTH OF STAY (In this place) 1175 DAYS		d. Is Residence within limits of a city or incorporated town? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) VETERANS ADMINISTRATION HOSP.		e. STREET ADDRESS (If rural, give location) 306 BENNETT STREET	
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM		b. (Middle) E.	
c. (Last) CAMPELL		4. DATE OF DEATH (Month) (Day) (Year) 12-21-58	
5. SEX MALE <input checked="" type="checkbox"/>	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED 3	8. DATE OF BIRTH 5-24-10
9. AGE (In years last birthday) 48		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SERVICEMAN		10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN	11. BIRTHPLACE (City and State or Foreign Country) FLAT RIVER, MISSOURI
13a. FATHER'S NAME JOSEPH CAMPELL		13b. MOTHER'S MAIDEN NAME MARTHA BROWN	14. NAME OF HUSBAND OR WIFE DIVORCED
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, state year or date of service) YES WWII		16. SOCIAL SECURITY NO. 489446582	17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA HOSPITAL RECORDS, JEFF BRKS, MO.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL HEMORRHAGE		INTERVAL BETWEEN ONSET AND DEATH Recent	
ANTECEDENT CAUSES		DUE TO (b) HYPERTENSIVE CARDIOVASCULAR DISEASE Undetermined	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. HYPOSTATIC PNEUMONIA Undetermined	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	443X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10-3-55 , 19___, to 12-21-58 , 19___, that I took care of the deceased from the time of death until burial , and that death occurred at 10:35 PM , from the causes and on the date stated above.			
23a. SIGNATURE W. Opplier (Degree or title) W. OPPLER, M.D., Director Professional Services, VAH, Jeff. Brks. MO.		23b. ADDRESS	23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 12-22-58	24c. NAME OF CEMETERY OR CREMATORY Local	24d. LOCATION (City, town, or county) (State) Flat River, Mo.
DATE REC'D BY LOCAL REG. 12-26-58	REGISTRAR'S SIGNATURE Robert P. ...	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Caldwell, Flat River, Missouri	

MAY 7 1959

MAY 4 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 *Charles M. Bello*

Licensed Embalmer No. 4375

P. O. Address *St. Louis, 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.