Health, Welfare Public Service

300 2 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-002629
STATE FILE NUMBER

FILED FEB 11 1959

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 35

1. PLACE OF DEATH
a. COUNTY St. Francois
b. CITY OR TOWN Farmington Twp. (If outside corporate limits, give TOWNSHIP only) Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) State Hospital #4 Length of stay in 1b 6y. 8m. 14 dys.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Cape Girardeau
c. CITY OR TOWN Jackson 0161 Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) East Jackson Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Kathleen Middle Campbell Last Berg

4. DATE OF DEATH Month Jan. Day 8 Year 1959

5. SEX Female 6. COLOR OR RACE White 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐ 8. DATE OF BIRTH May 23, 1874 9. AGE (In years last birthday) 84 IF UNDER 1 YEAR Months 7 Days 15 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerical 10b. KIND OF BUSINESS OR INDUSTRY News Paper 11. BIRTHPLACE (City and state or country) Cleburne Texas 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John M. Campbell 13b. MOTHER'S MAIDEN NAME Willie E. Kerr 14. NAME OF HUSBAND OR WIFE Tony Berg

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. ✓ 17. INFORMANT 2nd STATE HOSPITAL #4 Address Mrs. Clayton Jordan, Lincoln Neb.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Inanition - Interval between onset and death: Abt. 1 month.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Psychosis - Abt. 12 yrs.
DUE TO (c) Hardening of the arteries of the brain - - - Unknown.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 334 X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 April 22, 1952, to Jan. 8, 1959 and last saw her alive on Jan. 8, 1959
Death occurred at 12:05 P. M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. A. Brennan M.D. (Degree or title)
22b. ADDRESS State Hospital No. 4 Farmington, Missouri
22c. DATE SIGNED 1-8-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Jan 10, 1959 23c. NAME OF CEMETERY OR CREMATORY Russell Heights 23d. LOCATION (City, town, or county) Jackson (State) Mo.

24. FUNERAL DIRECTOR L. C. Craycraft ADDRESS Jackson, Mo. 25. DATE RECD. BY LOCAL REG. Feb 3, 1959 26. REGISTRAR'S SIGNATURE Esther Rudloff
(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Lyman Steele

Licensed Embalmer No. 2476

P. O. Address Jackson

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.