Health, Welfare Public Service

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1-56

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 59-004168

FILED FEB 3 1959 Registration District No. 381 Primary Registration District No. 4515 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY SULLIVAN	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY SULLIVAN
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MILAN — Inside Limits Yes X No ☐	c. CITY OR TOWN MILAN — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION SULLIVAN CO MEM HOSP — Length of stay in 1b 5 DAYS	d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)	First	Middle	Last	4. DATE OF DEATH	Month	Day	Year
	ARTHUR	DOWNEY	CAMPBELL		JAN	26	1959

5. SEX	6. COLOR OR RACE	7. MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	MARCH 6 1876	82				

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

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
MILTON CAMPBELL	REBECCA DOWNEY

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.	17. INFORMANT	Address
NO		489-38-4321	BLANCHE CAMPBELL	MILAN, MO

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) Ruptured Abdominal Aneurysm — INTERVAL BETWEEN ONSET AND DEATH 12 hr

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Arteriosclerosis — 10 yrs.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 451X

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 MILAN COUNTY SULLIVAN STATE MO

21. I attended the deceased from JAN 20 1959 to JAN 26, 1959 and last saw her/him alive on JAN 26 1959

Death occurred at 7:50 A m on the date stated above and to the best of my knowledge, from the causes stated

22a. SIGNATURE Joseph S. Mayfield MD (Degree or title) — 22b. ADDRESS Milan, MO — 22c. DATE SIGNED 1/26/59

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL — 23b. DATE JAN 28, 1959 — 23c. NAME OF CEMETERY OR CREMATORY Calhoun — 23d. LOCATION (City, town, or county) Milan (State) Mo

24. FUNERAL DIRECTOR Ferguson Funeral Home — ADDRESS Milan — 25. DATE RECD. BY LOCAL REG. 1-31-59 — 26. REGISTRAR'S SIGNATURE Mrs. M. W. Beckett

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

JUN 3 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 3.7.

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.