

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-0061924

STATE FILE NUMBER

FILED FEB 17 1959 Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 28

300
1-57 0

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Webb City</u>		c. CITY OR TOWN <u>Webb City</u> <u>0492</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Jane Chinn Hosp.</u>		d. STREET ADDRESS (If outside, give location) <u>1511 W. Nelson</u>	
Length of stay in lb <u>3 weeks</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Alonzo</u> Middle <u>Monroe</u> Last <u>Campbell</u>			4. DATE OF DEATH Month <u>February</u> Day <u>12</u> Year <u>1959</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>July 31, 1885</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired S.W. Railroad Man</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Purdy, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Lee Campbell</u>	13b. MOTHER'S MAIDEN NAME <u>Renda Waltrip</u>	14. NAME OF HUSBAND OR WIFE <u>Mabel Campbell</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO.	17. INFORMANT <u>Lawrence Campbell</u> Address <u>St. Charles Missouri</u>
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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) <u>Chronic Myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 Yr.</u>
DUE TO (b) <u>no specific reason</u>		
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4222</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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 <u> </u> Month, Day, Year a.m. <u> </u> p.m. <u> </u>	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
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21. I attended the deceased from <u>Aug 1st, 1958</u> to <u>2-12-59</u> and last saw her/him alive on <u>2-12-59</u> Death occurred at <u>2:20 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Mabel Campbell</u> (Degree or title) <u>D.O.</u>	22b. ADDRESS <u>Webb City, Mo.</u>	22c. DATE SIGNED <u>2/13/59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>2-14-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Purdy Cemetery</u>	23d. LOCATION (City, town, or country) (State) <u>Purdy Missouri</u>
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24. FUNERAL DIRECTOR <u>Hedge-Lewis Funeral Home, Webb City Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>2-14-59</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Madeline Switzer</u>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 M.S. Slaughter-D.O.
 All diseases in Part I must be only anatomical or physiological in their origin; no symptoms will be related.

MEDICAL CERTIFICATION

FEB 24 1958

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 *Richard H. Lewis*

Licensed Embalmer No. *4403*
P. O. Address *Wab City*

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.