

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013105

STATE FILE NUMBER

28

Registration District No. 140 Primary Registration District No. 3024 Registrar's No.

1. PLACE OF DEATH
a. COUNTY **Howard**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** b. COUNTY **Randolph**

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Fayette, Mo.** Inside Limits Yes No

c. CITY OR TOWN **Huntsville** 0880 Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Linn St. Huber Garage** Length of stay in lb **3 days**

d. STREET ADDRESS (If outside, give location) **R. R. 2** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
CHARLES ROBERT CAMPBELL

4. DATE OF DEATH Month Day Year
MAR. 30, 1959

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED NEVER MARRIED WIDOWED DIVORCED

8. DATE OF BIRTH **Feb. 1, 1910** 9. AGE (In years of UNDER 1 YEAR IF UNDER 24 HRS. 1st birthday) Months Days Hours Min. **49**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Laborer**

10b. KIND OF BUSINESS OR INDUSTRY **Farming**

11. BIRTHPLACE (City and state or country) **Boone County, Mo.**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **John Campbell** 13b. MOTHER'S MAIDEN NAME **Mahalie Smith** 14. NAME OF HUSBAND OR WIFE **Dovie Creason**

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. **3-30-59** 17. INFORMANT Address **Dovie Campbell R.R. Huntsville, Mo.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) ~~Stroke~~ **(Swallowed Poison)** INTERVAL BETWEEN ONSET AND DEATH **Immediate**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last, DUE TO (b) **Epileptic Convulsions**

DUE TO (c) **3533**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

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 Month, Day, Year a.m. p.m.

20d. INJURY OCCURRED WHILE AT 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 **3-30-59**, to **4-3-59** and last saw ^{her}him **alive** on **4-3-59**
Death occurred at **3-30-59** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **W. Bloom Corona 3** 22b. ADDRESS **Fayette Mo** 22c. DATE SIGNED **4-4-59**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **4/4/1959** 23c. NAME OF CEMETERY OR CREMATORY **Licking Fork Cemetery** 23d. LOCATION (City, town, or county) (State) **Boone County, Missouri**

24. FUNERAL DIRECTOR ADDRESS **Fayette, Mo.** 25. DATE RECD. BY LOCAL REG. **4-4-59** 26. REGISTRAR'S SIGNATURE **Mary K. Shell**

(Licensed Embalmer's Statement on Reverse Side)

300
1-57

3

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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 *Donald L Roberts*

Licensed Embalmer No. *4722*

P. O. Address *Fayette, 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.