

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-028124

FILED VS AUG 31 1959 38

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Registration District No. 3006

Primary Registration District No. 387

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY Boone				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Boone				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia		Length of stay in 1b 5 yrs.		c. CITY OR TOWN Columbia		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 400 1/2 N. 4th St.				d. STREET ADDRESS (If outside, give location) 400 1/2 N. 4th St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First VERNETT Middle CAMPBELL Last CAMPBELL				4. DATE OF DEATH Month August Day 20 Year 1959				
5. SEX male		6. COLOR OR RACE negro		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Dec. 16-1900		
9. AGE (last birthday) 58 yrs.		IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0		IF UNDER 24 HR Hours 0 Min. 0				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Boone Co. Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Samuel Campbell			13b. MOTHER'S MAIDEN NAME Eraa Turner			14. NAME OF HUSBAND OR WIFE Marjett Campbell		
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. 500-10-8424		17. INFORMANT Eraa Turner, Columbia, 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) Cerebral hemorrhage							INTERVAL BETWEEN ONSET AND DEATH four	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertension							years	
DUE TO (c)								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Generalized coronary arteriosclerosis						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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.)				
20c. TIME OF INJURY Hour 12 s.m. 12 p.m.		Month, Day, Year						
20d. INJURY OCCURRED WHILE AT WORK <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		
21. I attended the deceased from Coroner's case and last saw her/him live on 12		Death occurred at approx 12 m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE Vernon P. Perma MD Coroner			22b. ADDRESS Univ of Mo. Med. Center			22c. DATE SIGNED July 25		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE Aug 24 1959		23c. NAME OF CEMETERY OR CREMATORY Stevens Corn		23d. LOCATION (City, town, or county) (State) Stevens Mo.		
24. FUNERAL DIRECTOR Mrs. Stuart Parker			ADDRESS Columbia		25. DATE RECD. BY LOCAL REG. Aug 22, 1959		26. REGISTRAR'S SIGNATURE Mrs. R.E. Palmer	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed George D. [Signature]

Licensed Embalmer No. 4425

P. O. Address Columbia,

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