

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-040757

STATE FILE NUMBER

FILED VS DEC 14 1959

Registration District No. 169 Primary Registration District No. _____ Registrar's No. 60

V. S. 300
Rev. 1-57

1. PLACE OF DEATH a. COUNTY Knox				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY Knox				
b. CITY (If outside corporate limits, give TOWNSHIP only) Novelty			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Novelty		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Length of stay in lb		d. STREET ADDRESS (If outside, give location) 0520		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First JAMES Middle FRANKLIN Last CAMPBELL				4. DATE OF DEATH Month Dec Day 5 Year 1959				
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 28 Dec 1864		9. AGE (In years (with day)) 94	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during rest of working life, even if retired) Ret. farmer			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Knox County		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Cornelius Campbell			13b. MOTHER'S MAIDEN NAME Elizabeth Mouns			14. NAME OF HUSBAND OR WIFE Mary Ellen 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. none		17. INFORMANT Address Mrs. Fannie Swaney Fairmont, W.Va				
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><i>myocarditis</i></u> DUE TO (b) <u><i>Pneumonia</i></u> DUE TO (c) <u><i>Arteriosclerosis</i></u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4221						INTERVAL BETWEEN ONSET AND DEATH 2 Dec 1959 Dec 5, 1959		
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 _____ Month, Day, Year _____ a.m. _____ p.m. _____								
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
21. I attended the deceased from <u><i>Dec 1 1959</i></u> to <u><i>Dec 5 1959</i></u> and last saw him alive on <u><i>Dec 5 1959</i></u> Death occurred at <u><i>7 PM</i></u> on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <u><i>E. P. Johnson</i></u>				22b. ADDRESS <u><i>Novelty Mo</i></u>			22c. DATE SIGNED <u><i>Dec 7-59</i></u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 7 Dec '59	23c. NAME OF CEMETERY OR CREMATORY Hazel Dell Cemetery		23d. LOCATION (City, town, or county) (State) Knox County Mo			
24. FUNERAL DIRECTOR ADDRESS HUDSON-RIMER FUNERAL HOME Edina, Mo			25. DATE RECD. BY LOCAL REG. Dec-7-59		26. REGISTRAR'S SIGNATURE <u><i>J. S. Humatt</i></u>			

securing the medical certification in the specific manner required by 193.140 MoRS 1949.
 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

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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 *AS Rimer*

Licensed Embalmer No. *5041*

P. O. Address *Edina, 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.