URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS NOV 20 1959

59-041647

STATE FILE NUMBER

IENDED

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 310433

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS, MISSOURI
Length of stay in 1b: 1 Day
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: BARNES HOSPITAL
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri. b. COUNTY: Hunklin
c. CITY OR TOWN: Malden
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 316 N. Edwards
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: BILLY Middle: H. Last: CAMPBELL
4. DATE OF DEATH: Month: NOVEMBER Day: 10 Year: 1959
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 7/1/1928
9. AGE (last birthday): 31
IF UNDER 1 YEAR: Months: Days: IF UNDER 24 HR: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant
10b. KIND OF BUSINESS OR INDUSTRY: Furniture Store
11. BIRTHPLACE (City and state or country): Swifton, Arkansas.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: W. P. Campbell
13b. MOTHER'S MAIDEN NAME: Orbra Smith
14. NAME OF HUSBAND OR WIFE: Kathryn Campbell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): Nil.
16. SOCIAL SECURITY NO.:
17. INFORMANT: Kathryn Campbell, Address: Malden, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	AORTIC INSUFFICIENCY	15 YEARS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	RHEUMATIC HEART DISEASE	21 YEARS
DUE TO (c)	411X	

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

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 COUNTY STATE

21. I attended the deceased from FEB. 16, 1959 to NOV. 10, 1959 and last saw her/him alive on NOV. 10, 1959
Death occurred at 12:37 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: C. Vernillion, M.D. (Degree or title): M. D.
22b. ADDRESS: BARNES HOSPITAL
22c. DATE SIGNED: 11/11/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 11-13-59
23c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cemetery
23d. LOCATION (City, town, or county) (State): St.Louis Co.,Mo.

24. FUNERAL DIRECTOR ADDRESS: Albert H.Hoppe,Inc.,4700 Washington Blvd.
25. DATE RECD. BY LOCAL REG.: NOV 12 1959
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

US NOV 24 1959

FEB 25 1960

US NOV 24 1959

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 — — — — — Signed Elton H. Remelius

Signature of Student Embalmer

Licensed Embalmer No. 4283

P. O. Address St. Louis, M

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