

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

=60-001018  
STATE FILE NUMBER

FILED VS. JAN 11 1960 / 28

Primary Registration District No. 2000 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) e. STATE <b>MISSOURI</b> b. COUNTY <b>CEDAR</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>SPRINGFIELD</b>		Length of stay in 1b	c. CITY OR TOWN <b>STOCKTON</b>
c. FULL NAME OF HOSPITAL OR INSTITUTION <b>BAPTIST HOSP.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>204 EAST ST.</b>

3. NAME OF DECEASED (Type or print) First <b>JOHN</b> Middle <b>WILLIAM</b> Last <b>CAMPBELL</b>			4. DATE OF DEATH Month <b>JAN.</b> Day <b>2</b> Year <b>1960</b>	
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3/17/73</b>	9. AGE (last birthday) <b>86</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>ATTORNEY</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>LAW</b>	11. BIRTHPLACE (City and state or country) <b>CROSS TIMBERS, MO.</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
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13a. FATHER'S NAME <b>JOHN W. CAMPBELL</b>	13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>	14. NAME OF HUSBAND OR WIFE
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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) <b>NO</b>	16. SOCIAL SECURITY NO.	17. INFORMANT <b>COURTLAND D. CAMPBELL, STOCKTON, MO.</b>
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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) <b>Myocarditis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b>
DUE TO (b) <b>Atherosclerosis</b>		<b>1 yr.</b>
DUE TO (c) <b>Senility</b>		<b>50 yrs.</b>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Primary Coronary liver</b>		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
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Month, Day, Year
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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 <b>SPRINGFIELD, MO.</b>	COUNTY <b>CEDAR</b>	STATE <b>MO.</b>
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21. I attended the deceased from <b>9 Sept. '59</b> to <b>2 Jan '60</b> and last saw him live on <b>1 Jan '60</b>
Death occurred at <b>1:45 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>Rayward G. Hall M.D.</b>	22b. ADDRESS <b>1211 So. Bluestone Springfield 4, Miss.</b>	22c. DATE SIGNED <b>1/4/60</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>1/4/60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>GUM SPRINGS CEMETERY</b>	23d. LOCATION (City, town, or county) <b>CEDAR COUNTY, MO.</b>
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24. FUNERAL DIRECTOR <b>H.H. LOHMEYER, SPRINGFIELD, MO.</b>	25. DATE RECD. BY LOCAL REG. <b>Jan 4, 1960</b>	26. REGISTRAR'S SIGNATURE <b>Effie B. Mellon</b>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUN 29 1962

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 W. M. Cannon

Licensed Embalmer No. 272  
P. O. St. Louis

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.