

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-011471

FILED VS APR 12 1960

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 167 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOPLIN		Length of stay in 1b 55 YRS	c. CITY OR TOWN JOPLIN Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION FREEMAN HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3102 E. 12TH ST. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First FRANK Middle N. Last CAMPBELL			4. DATE OF DEATH Month MARCH Day 29 Year 1960		
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-7-1892	9. AGE (last birthday) 67	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN		10b. KIND OF BUSINESS OR INDUSTRY SHANK FRUIT CO.	11. BIRTHPLACE (City and state or country) NIXA, MO.	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME CHARLES CAMPBELL		13b. MOTHER'S MAIDEN NAME REBECCA STACY		14. NAME OF HUSBAND OR WIFE MACY 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. UNK	17. INFORMANT Address JOPLIN, MO. MRS. MACY CAMPBELL, 3102 E. 12TH ST.		

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) Cerebral thrombosis		2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Auricular fibrillation	?
	DUE TO (c) Arterio Sclerotic Heart Disease	?

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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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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 Month, Day, Year a.m. p.m.	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 3-24-60 to 3-29-60 and last saw ^{her}him alive on 3-29-60
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>H. Hamilton</i> (Degree or title) M.D.	22b. ADDRESS H. HAMILTON, M. D. ROOM 302 MEDICAL ARTS BLDG	22c. DATE SIGNED 4-1-60
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 4-1-60	23c. NAME OF CEMETERY OR CREMATORY OZARK MEMORIAL PARK, JOPLIN, MISSOURI
24. FUNERAL DIRECTOR ADDRESS STEVE PARKER MORTUARY, JOPLIN, MO	25. DATE RECD. BY LOCAL REG. 4-6-1960	26. REGISTRAR'S SIGNATURE <i>Above McCreary</i>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

87 1960

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 Harvey E. Arace

Licensed Embalmer No. 4463

P. O. Address Joplin, 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.