URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-026460

STATE FILE NUMBER

A. HOLMES

FILED VS AUG 15 1960

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 857

ENDED

1. PLACE OF DEATH
a. COUNTY GREENE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD
Length of stay in 1b 20 YRS.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST JOHN'S HOSPITAL
Inside Limits Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY GREENE
c. CITY OR TOWN SPRINGFIELD
Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 1900 SOUTH FORT ST
Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First WILLIAM Middle J. Last CAMPION

4. DATE OF DEATH Month AUG Day 10 Year 1960

5. SEX MALE
6. COLOR OR RACE WHITE
7. Married X Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 1/10/1908
9. AGE (last birthday) 52
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) PHYSCIAN
10b. KIND OF BUSINESS OR INDUSTRY X
11. BIRTHPLACE (City and state or country) LONG ISLAND, N.Y.
12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME WILLIAM CAMPION
13b. MOTHER'S MAIDEN NAME EUGENIA HANKS
14. NAME OF HUSBAND OR WIFE MARGARET CAMPION

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NO
17. INFORMANT MARGARET CAMPION, Address SPRINGFIELD, MO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute renal failure
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cirrhosis of liver
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH 5 days

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 PEREORMED? YES X 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 2 Aug 1960, to 10 Aug 1960 and last saw ~~her~~ him alive on 10 Aug 1960
Death occurred at 5:15 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Daniel E. Holmes, MD (Degree or title)
22b. ADDRESS 600 S. Glenstone
22c. DATE SIGNED 11 Aug 60

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE AUG, 13, 60
23c. NAME OF CEMETERY OR CREMATORY ST MARY'S
23d. LOCATION (City, town, or county) SPRINGFIELD, (State) MO.

24. FUNERAL DIRECTOR HERMAN LOHMEYER ADDRESS SPRINGFIELD, MO
25. DATE RECD. BY LOCAL REG. 8-12-60
26. REGISTRAR'S SIGNATURE Effie B. Meeton

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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 m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No.

P. O. Address

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