

Registration District No. 297 Primary Registration District No. 6022 Registrar's No. 124

1. PLACE OF DEATH a. COUNTY <u>Ray</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Richmond TWP</u>		Length of stay in 1b <u>3 months</u>		c. CITY OR TOWN <u>Orrick</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Ray County Memorial Hosp.</u>				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Ray County Memorial Hosp.</u>	
3. NAME OF DECEASED (Type or print) First <u>James</u> Middle <u>Franklin</u> Last <u>Campbell</u>				4. DATE OF DEATH Month <u>Oct.</u> Day <u>5</u> Year <u>1960</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>12-3-1872</u>	
				9. AGE (last birthday) <u>87</u>		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) <u>Merchant</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Ray County</u>		11. BIRTHPLACE (City and state or country) <u>U.S.A.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>							
13a. FATHER'S NAME <u>James N. Campbell</u>				13b. MOTHER'S MAIDEN NAME <u>Nancy F. Brown</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. <u>497-28-2805</u>		17. INFORMANT Address <u>Mrs. O. J. Brady Orrick, Mo.</u>	
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>Carcinoma of Prostate Gland</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <u>Due to (b) Generalized Arteriosclerosis</u> DUE TO (c) _____ 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 type="checkbox"/> No <input type="checkbox"/> Unknown							
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 _____ a.m. _____ p.m. Month, Day, Year _____							
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 <u>Ray County</u>		STATE <u>Missouri</u>	
21. I attended the deceased from <u>3-14-58</u> to <u>10-3-60</u> and last saw ^{her} him alive on <u>10-3-60</u> Death occurred at <u>11:12 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Thomas B. Cook, M.D.</u>				22b. ADDRESS <u>Richmond, Mo.</u>		22c. DATE SIGNED <u>10-5-60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>10-6-1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>South Point Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Orrick, Missouri</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Wilbur McAfee Orrick, Missouri</u>				25. DATE RECD. BY LOCAL REG. <u>10-5-1960</u>		26. REGISTRAR'S SIGNATURE <u>Malcolm Jackson</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

0961 6 AON

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 _____

Licensed Embalmer No. 4539

P. O. Address Liberty

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.