MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JAN 6 1961

60-048476
STATE FILE NUMBER

Registration District No. 391 Primary Registration District No. 4505 Registrar's No. 42

1. PLACE OF DEATH
a. COUNTY: STODDARD
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: BELL CITY — Length of stay in 1b: 7 WEEKS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: SHETLEY NURSING HOME — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: SCOTT
c. CITY OR TOWN: CHAFFEE — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 407 YORKUM AVE. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: William Middle: EPHRAIM Last: CAMPBELL
4. DATE OF DEATH: Month: DEC. Day: 20 Year: 1960
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 7-19-1879
9. AGE (last birthday): 81
IF UNDER 1 YEAR: Months 5 Days 7 — IF UNDER 24 HR: Hours ___ Min. ___
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): STATIONARY FIREMAN (RET.)
10b. KIND OF BUSINESS OR INDUSTRY: CHAFFEE MFG. CO.
11. BIRTHPLACE (City and state or country): TUNNEL HILL, ILLINOIS
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: JOHN CAMPBELL
13b. MOTHER'S MAIDEN NAME: ?
14. NAME OF HUSBAND OR WIFE: WILLIE ESSIE CAMPBELL
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.: 493-07-8071
17. INFORMANT: MRS. ELMER HEUER — Address: CAPE GIRARDEAU, 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): Arteriosclerotic heart disease
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:
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 6-4-52, to 12-20-60 and last saw her/him alive on 1-11-60
Death occurred at 7:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Charles F. Wilson M.D.
22b. ADDRESS: 714 Broadway, Cape Girardeau, Mo.
22c. DATE SIGNED: 12/27/60

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: DEC. 22, 1960
23c. NAME OF CEMETERY OR CREMATORY: MEMORIAL PARK CEM.
23d. LOCATION (City, town, or county) (State): CAPE GIRARDEAU, MISSOURI

24. FUNERAL DIRECTOR: BISPLING & HOFF FUNERAL HOME — ADDRESS: CHAFFEE, MO.
25. DATE REC'D. BY LOCAL REG.: 12/31/60
26. REGISTRAR'S SIGNATURE: Vernice Moore

(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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Jack T. Burnett

Licensed Embalmer No. 4472

P. O. Address Chaffee,

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