

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-009616

Registration District No. 178 Primary Registration District No. _____ Registrar's No. 23

STATE FILE NUMBER

AMENDED

FILED MAR 29 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Lewis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lewis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>LaGrange</u>		c. CITY OR TOWN <u>LaGrange</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>At home</u>		d. STREET ADDRESS (If outside, give location) <u>No street address</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Frances Cornelia Campbell</u>			4. DATE OF DEATH Month Day Year <u>March 21 1961</u>
5. SEX <u>Female</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>7-20-1893</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Coke maker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Foundry</u>	11. BIRTHPLACE (City and state or country) <u>Craig, Mo.</u>
13a. FATHER'S NAME <u>Henry Byinger</u>		13b. MOTHER'S MAIDEN NAME <u>Fannie Jane Clow</u>	14. NAME OF HUSBAND OR WIFE <u>Emery C. Campbell</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.	17. INFORMANT Address <u>Clarence Campbell LaGrange, 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>Respiratory failure</u> DUE TO (b) <u>Congestive Heart Failure</u> DUE TO (c) <u>Arteriosclerosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>arterial occlusion of femoral artery</u>			INTERVAL BETWEEN ONSET AND DEATH <u>24 hours</u> <u>4-5 yrs. several years</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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		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	
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 <u>1/26/61</u> to <u>3/21/61</u> and last saw her ^{him} alive on <u>3/20/61</u> Death occurred at <u>3:30 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>J. Schepshorst</u>		22b. ADDRESS <u>Canton, Mo.</u>	22c. DATE SIGNED <u>3/23/61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>3-24-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Forrest Grove Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Canton, Missouri</u>
24. FUNERAL DIRECTOR ADDRESS <u>J. Kenneth Bailey LaGrange, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>3-25-'61</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Henry Lloyd</u>

APR 4 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

~~or by~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed J. Kenneth Bailey

Licensed Embalmer No. 4248

P. O. Address La Grange, 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.