MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-017972

STATE FILE NUMBER

AMENDED

FILED MAY 22 1961

Registration District No. 126 Primary Registration District No. 2001 Registrar's No. 226

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Joplin
Length of stay in 1b: 50 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Freeman Hospital
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jasper
c. CITY OR TOWN: Joplin
Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 1029 Wisconsin Avenue
Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First EDWARD Middle R. Last CAMPBELL
4. DATE OF DEATH: Month May Day 7 Year 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: 11-27-1887
9. AGE (last birthday): 83
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): Miner
10b. KIND OF BUSINESS OR INDUSTRY: Lead & Zinc Mines
11. BIRTHPLACE (City and state or country): Crawford County, Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: William Campbell
13b. MOTHER'S MAIDEN NAME: Lizzie Garrison
14. NAME OF HUSBAND OR WIFE: Amy Campbell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs. Amy Campbell, 1029 Wisconsin, Address: Joplin, Missouri

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): Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerotic heart disease — 4 years.
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. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
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 April, 1955, to May 7, 1961 and last saw her/him alive on May 7, 1961
Death occurred at 2:10 A. M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Alice H. Wilson MD
22b. ADDRESS: 1923 Sergeant Ave. Joplin, Missouri
22c. DATE SIGNED: 5-8-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: May 9, 1961
23c. NAME OF CEMETERY OR CREMATORY: Ozark Memorial Park Cem.
23d. LOCATION (City, town, or county) (State): Joplin, Missouri

24. FUNERAL DIRECTOR ADDRESS: Thornhill-Dillon Mortuary, Joplin, Mo.
25. DATE RECD. BY LOCAL REG.: 5-15-1961
26. REGISTRAR'S SIGNATURE: Dove Merriam

(Licensed Embalmer's Statement on Reverse Side)

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_____ Signed Tracy McCurdy

Signature of Student Embalmer

Licensed Embalmer No. 5125

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.