

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-018570

STATE FILE NUMBER

AMENDED

FILED JUN 1 3 1961

Primary Registration District No. Registrar's No. 69

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Polk				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cedar			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Humansville			Length of stay in 1b		c. CITY OR TOWN Stockton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Big Springs Rest Home			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) W. Davis St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First OLA Middle META Last CAMPBELL				4. DATE OF DEATH Month May Day 12 Year 1961			
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/9/87	9. AGE (last birthday) 73	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerical		10b. KIND OF BUSINESS OR INDUSTRY County Office		11. BIRTHPLACE (City and state or country) Humansville, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Benjamin Williams			13b. MOTHER'S MAIDEN NAME Alice F. Moore			12. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO.		17. INFORMANT Bernard Campbell, Lees Summit, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) M myocardial failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) myocardial thickening DUE TO (c) Anemia & arteriosclerosis							INTERVAL BETWEEN ONSET AND DEATH Weeks years
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 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		COUNTY	STATE
21. I attended the deceased from 1960 to May 12, 61 and last saw her/him alive on May 12, 61 . Death occurred at 3:30 A. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE G R Easton, MD (Degree or title)				22b. ADDRESS Heartblean 2nd		22c. DATE SIGNED June 6, 1961 (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5/14/1961		23c. NAME OF CEMETERY OR CREMATORY Stockton City Cem.		23d. LOCATION (City, town, or county) Stockton, Mo.	
24. FUNERAL DIRECTOR Cantlon Fun. Home, Stockton, Mo.				25. DATE RECD. BY LOCAL REG. June 10, 1961		26. REGISTRAR'S SIGNATURE Ralph Gordon for Jewell Gordon	

1961 JUN 1 11 00 SA

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 John A. Cantlon

Licensed Embalmer No. 4387

P. O. Address Stoughton, Mass.

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.