

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-020789

AMENDED **93** Primary Registration District No. _____ Registrar's No. **61-52** STATE FILE NUMBER

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Dade		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Dade			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Walnut Grove		Length of stay in 1b Lifetime		c. CITY OR TOWN Walnut Grove Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6 mi W. of W. G.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 6 Mi W. of W. G. Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First JOHN Middle FRANKLIN Last CAMPBELL			4. DATE OF DEATH Month June Day 18 Year 1961		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Jan 30, 1882	9. AGE (last birthday) 79	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) Retired Minister - Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farmer		11. BIRTHPLACE (City and state or country) Dade County, Mo.	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Jack Campbell		13b. MOTHER'S MAIDEN NAME unknown	
14. NAME OF HUSBAND OR WIFE Dora Campbell		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 Dora Campbell R. R. Walnut Grove Address _____			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:					INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) ASPHYXIA -					18 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) PULMONARY EDEMA					48 hrs
DUE TO (c) CARDIAC FAILURE (RIGHT SIDE)					7 DAYS
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 JAN 1, 1961 to JUN 18 1961 and last saw him alive on JUN 17, 1961 Death occurred at 4:00a. m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE W. R. Davis (Degree or title) W. O.			22b. ADDRESS Walnut Grove Mo		22c. DATE SIGNED 6/19/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-21-61	23c. NAME OF CEMETERY OR CREMATORY White Chapel Cemetery		23d. LOCATION (City, town, or county) Springfield, Mo. (State)	
24. FUNERAL DIRECTOR Doyle L. Daniel ADDRESS Walnut Grove, MO.		25. DATE RECD. BY LOCAL REG. 6/23/61		26. REGISTRAR'S SIGNATURE J. C. Canada	

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 Donawon C. Labin, Student Embalmer No. 627

working under my personal supervision.
Student Donawon C. Labin
Signature of Student Embalmer

Signed Doyle L. D...

Licensed Embalmer No. 4700
P. O. Address Adelphi

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.