

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-029757

SEP 13 1961

STATE FILE NUMBER

Registration District No. 150 Primary Registration District No. 5573 Registrar's No. 76

AMENDED

FILED SEP 13 1961

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI , COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SNI- BAR		Length of stay in lb 3 MONTHS	c. CITY OR TOWN OAK 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 R.R. #1 OAK GROVE		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) OAK GROVE Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First ANNA Middle BELLE Last CAMPBELL			4. DATE OF DEATH Month 9 Day 6 Year 61	
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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 8-10-1868	9. AGE (last birthday) 93	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY *****	11. BIRTHPLACE (City and state or country) COLUMBIA CO. WIS.	12. CITIZEN OF WHAT COUNTRY U.S.
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13a. FATHER'S NAME HARLAND PAGE CAMPBELL	13b. MOTHER'S MAIDEN NAME ELIZABETH RENOLDS	14. NAME OF HUSBAND OR WIFE DECEASED
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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. NONE	17. INFORMANT HAZEL FOGLE OAK GROVE MO.	Address
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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)	Cardiac Arrest	10 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Inferior of old age	10 yrs.
	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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)
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20c. TIME OF INJURY Hour NO 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 OAK GROVE MO	COUNTY	STATE
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21. I attended the deceased from Aug 15 '61 to Sept 4, 1961 and last saw her Sept 4 1961 alive on Sept 4 1961 Death occurred at 9 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [Signature]	22b. ADDRESS Oak Grove Mo	22c. DATE SIGNED 9-7-61
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 9-9-61	23c. NAME OF CEMETERY OR CREMATORY GREENLAWN	23d. LOCATION (City, town, or county) (State) KANSAS CITY MO.
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24. FUNERAL DIRECTOR MAYFIELD	ADDRESS BLUE SPRINGS MO.	25. DATE RECD. BY LOCAL REG. 9-7-1961	26. REGISTRAR'S SIGNATURE [Signature]
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Charles E. Mayfield
Licensed Embalmer No. 4638
P. O. Address Blue Spring

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.