

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

318

1003

8834-61-034124

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8834

STATE OF MISSOURI

AMENDED

FILED OCT 13 1961

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis			Length of stay in 1b 5 HRS.		c. CITY OR TOWN GRANITE CITY
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 2028 WASHINGTON AVENUE
3. NAME OF DECEASED (Type or print) First NORMAN Middle LEONARD Last CAMPBELL			4. DATE OF DEATH Month 9 Day 22 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 12-1-1934	9. AGE (last birthday) 26	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CENTERING PLANT		10b. KIND OF BUSINESS OR INDUSTRY GRANITE CITY STEEL		11. BIRTHPLACE (City and state or country) GRANITE CITY, ILL.	12. CITIZEN OF WHAT COUNTRY U.S.
13a. FATHER'S NAME OSCAR CAMPBELL		13b. MOTHER'S MAIDEN NAME EMMA HANAH		14. NAME OF HUSBAND OR WIFE DONNA M. 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 Donna Marie Campbell Granite City, Ill	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hemorrhage from gunshot wound of skull; Self inflicted in auto, in vicinity of Granite City, Illinois, Madison County, on Sept. 22nd 1961. Whether accidental or intentional could not be determined.					INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OR 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 checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> OPEN VERDICT	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) See above			
20c. TIME OF INJURY Hour 9 e.m. Month, Day, Year 9-22-61	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) auto	20f. CITY, TOWN, OR LOCATION COUNTY STATE Granite City, Madison Co., Illinois		
21. I attended the deceased from 1140 to 1215 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Frank W. Wheel			22b. ADDRESS 1300 Clark		22c. DATE SIGNED 9-23-61
23a. BURIAL, CREATION, REMOVAL (Specify) REMOVAL	23b. DATE 9-23-1961	23c. NAME OF CEMETERY OR CREMATORY St. Johns		23d. LOCATION (City, town, or county) (State) GRANITE CITY, ILLINOIS	
24. FUNERAL DIRECTOR Frank W. Wheel		ADDRESS Granite City, Ill		25. DATE RECD. BY LOCAL REG. SEP 23 1961	26. REGISTRAR'S SIGNATURE Loed Smith. M.B.

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. Mercer

Licensed Embalmer No. 2988

P. O. Address Granite City

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.