

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-036216

STATE FILE NUMBER

AMENDED

Registration District No. 62

Primary Registration District No. 4108

Registrar's No.

FILED NOV 13 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Cedar		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 Stockton		c. CITY OR TOWN Stockton	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION East Locust St.		d. STREET ADDRESS (If outside, give location) East Locust St.	
3. NAME OF DECEASED (Type or print) First ERMA Middle JEAN Last CAMPBELL		4. DATE OF DEATH Month Nov. 2, 1961	
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/26/27
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	9. AGE (last birthday) 34
11a. BIRTHPLACE (City and state or country) Garland, Kansas		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Finis Berry		13b. MOTHER'S MAIDEN NAME Almeda Clary	
14. NAME OF HUSBAND OR WIFE Glen 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. 499-22-4706		17. INFORMANT Glen Campbell, Stockton, 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) <u>Coronary occlusion</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO <u>chronic glomerulonephritis hypertension</u> DUE TO (c) <u>4 yr.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 yr.</u>	
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 <u>8.7.57</u> to <u>11.2.61</u> and last saw her alive on <u>10.17.61</u> Death occurred at <u>9 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>Wm B. Ritter MD</u>	
22b. ADDRESS <u>Stockton Mo</u>		22c. DATE SIGNED <u>11.3.61</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-5-1961	23c. NAME OF CEMETERY OR CREMATORY Alder Cemetery	23d. LOCATION (City, town, or county) (State) Cedar County, Mo.
24. FUNERAL DIRECTOR <u>Cantlon Fun. Home, Stockton, Mo.</u>		25. DATE RECD. BY LOCAL REG. 11-4-1961	
26. REGISTRAR'S SIGNATURE <u>Mrs Genevieve Cantlon</u>			

(Licensed Embelmer'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 _____
Signature of Student Embalmer

Signed John A. Cantlon

Licensed Embalmer No. 4387

P. O. Address Stockton, 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.