

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-045375

AMENDED

DATE AMENDED

INSTEAD OF

BY AFFIDAVIT OF

THIS BOX SHOULD BE READ

Registration District No. 170 Primary Registration District No. — Registrar's No. 219 STATE FILE NUMBER

FILED DEC 26 1961

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Ill</u> b. COUNTY <u>Champaign</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Mayfield Twn.</u>		c. CITY OR TOWN <u>Champaign</u>	
Length of stay in lb <u>30 min.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>15 Miles E. Hwy. 66</u>		d. STREET ADDRESS (If outside, give location) <u>1612 W. Springfield</u>	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Lela M.</u> Middle <u>Campbell</u> Last <u></u>			4. DATE OF DEATH Month <u>Dec.</u> Day <u>16</u> Year <u>1961</u>
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9-25-95</u>
9. AGE (last birthday) <u>66</u>		IF UNDER 1 YEAR Months <u></u> Days <u></u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Domestic</u>	11. BIRTHPLACE (City and state or country) <u>Bismark, Ill</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Ernest D. Brown</u>	
13b. MOTHER'S MAIDEN NAME <u>Ida Juvinall</u>		14. NAME OF HUSBAND OR WIFE <u>Lee Campbell</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>—</u>	
17. INFORMANT <u>Mittendorf Fun. Home Champaign Ill</u>		Address <u></u>	
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>Face Crushed - Punctured Wounds in back immediate</u>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u></u> DUE TO (c) <u></u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Face Crushed, Compound Fracture leg.</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>Car accident</u>	
20c. TIME OF INJURY Hour <u>12:50</u> Month, Day, Year <u>12-16-61</u> a.m. p.m.		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.) <u>hwy 66</u>		20f. CITY, TOWN, OR LOCATION <u>Mayfield-TS Laclede Mo.</u>	
20g. COUNTY <u>Laclede</u>		20h. STATE <u>Mo.</u>	
21. I attended the deceased from <u></u> to <u></u> and last saw her alive on <u></u> . Death occurred at <u>12.50p</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>Coroner</u>		22b. ADDRESS <u>city Rt 66W, Lebanon Mo.</u>	
22c. DATE SIGNED <u>12-17-61</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12-21-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Walnut Croner Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>Vermillion Co. Ill.</u>
24. FUNERAL DIRECTOR <u>Louis Mittendorf, Champaign, Ill.</u>		25. DATE RECD. BY LOCAL REG. <u>12-19-1961</u>	
26. REGISTRAR'S SIGNATURE <u>[Signature]</u>			

(Licensed Embalmer's Statement on Reverse Side)

DEC 29 1961

FEB 7 1962

FEB 15 1962

APR 19 1962

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 James Douglas Huswold

Licensed Embalmer No. 5099

P. O. Address Lebanon, 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.