

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-001323

AMENDED FILED JAN 29 1962 Primary Registration District No. 3022 Registrar's No. 10 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Harrison		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Harrison	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ridgeway		c. CITY OR TOWN Ridgeway	
Length of stay in 1b		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Southwest Part		d. STREET ADDRESS (If outside, give location) Southwest Part	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Carrie Middle Gatherine Last Campbell			4. DATE OF DEATH Month January Day 24 Year 1962			
5. SEX Female	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 Apr 25, 1890	9. AGE (last birthday) 71	IF UNDER 1 YEAR Months Days Hours Min.	
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		11. BIRTHPLACE (City and state or country) South Dakota		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME James B. Cook		13b. MOTHER'S MAIDEN NAME Nancy Wacy		14. NAME OF HUSBAND OR WIFE Charles H. 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 Charles H. Campbell Address Ridgeway, Mo.	
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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: IMMEDIATE CAUSE (a) Acute Cardiac Dilatation in Coronary Disease and Cardiac Hypertension			INTERVAL BETWEEN ONSET AND DEATH several years		
DUE TO (b) Coronary Disease			DUE TO (c) Cardiac Hypertension		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Rheumatic Heart Disease			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"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) max injury			
20c. TIME OF INJURY Hour 4 Month, Day, Year a.m. p.m.					

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 Ridgeway	COUNTY	STATE
21. I attended the deceased from 1956 to January 23, 1962 and last saw him alive on January 23, 1962 . Death occurred at 4:30 on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title) Richard Ellworth M.D.		22b. ADDRESS Ridgeway, Missouri		22c. DATE SIGNED 1/26/62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-27-62	23c. NAME OF CEMETERY OR CREMATORY Ridgeway Cemetery	23d. LOCATION (City, town, or county) (State) Ridgeway Missouri		

24. FUNERAL DIRECTOR W. George Voth	ADDRESS Bethany, Mo.	25. DATE RECD. BY LOCAL REG. 1-26-1962	26. REGISTRAR'S SIGNATURE Gella Maxey		
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 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

William George J. J. J.

Licensed Embalmer No.

4987

P. O. Address

Bethany, W. V.

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.