

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-025889

STATE FILE NUMBER

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 165

DO NOT WRITE ON THIS STUB

AMENDED

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

FILED AUG 8 1962		1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Audrain</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Mexico</u>		a. STATE <u>Mo.</u> b. COUNTY <u>Audrain</u>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Audrain Hospital</u>		Length of stay in 1b <u>17 yrs.</u>		c. CITY OR TOWN <u>Mexico</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS <u>803 Fairground</u>		If outside, give location) Residence on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Charles Robert Campbell</u>			4. DATE OF DEATH Month Day Year <u>July 26 1962</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	
8. DATE OF BIRTH <u>7-6-1927</u>		9. AGE (last birthday) <u>35</u>		IF UNDER 1 YEAR IF UNDER 24 HR. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Pipe Fitter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mo. Power & Light</u>		11. BIRTHPLACE (City and state or country) <u>Harrisburg, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>George W. Campbell</u>		13b. MOTHER'S MAIDEN NAME <u>Ruby Jones</u>	
14. NAME OF HUSBAND OR WIFE <u>Dorothy Campbell</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>no none</u>		16. INFORMANT Address <u>Mexico, Mo</u> <u>Dorothy Campbell 803 Fairground</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>Hepatic Coma</u> DUE TO (b) <u>metastatic cancer</u> DUE TO (c) <u>Primary Carcinoma of rectum</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>NONE</u> 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					INTERVAL BETWEEN ONSET AND DEATH <u>1 wk</u> <u>6 mo</u>
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.)	
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>5-9-62</u> to <u>7-26-62</u> and last saw him alive on <u>7-26-62</u> Death occurred at <u>7-26-62 5:30</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			22a. SIGNATURE (Degree or title) <u>Red W. Rodes M.D.</u>		
22b. ADDRESS <u>Mexico Mo.</u>		22c. DATE SIGNED <u>7-27-62</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>July 28-62</u>		23c. NAME OF CEMETERY OR CREMATORY <u>East Lawn Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Mexico</u>		23e. STATE <u>Mo.</u>			
24. FUNERAL DIRECTOR <u>Precht-Hueston</u>		ADDRESS <u>Mexico, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>July 28-1962</u>	
26. REGISTRAR'S SIGNATURE <u>Blanche Neely</u>					

USE BLACK INK OR TYPEWRITER RIBBON

Permit issued
7-25-62

AUG 8 1962

AUG 30 1962

AUG 14 1962

APR 24 1962

AUG 16 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 T. E. Reed

Licensed Embalmer No. 3189

P. O. Address Mexico 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.