

Dr. Lansing
MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-039497

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 352

FILED OCT 16 1962

VS 300
Rev. 4/59

1 0648
2 0648
3
4 1
5 2
6
7 0
8 2
94500
10
11
12 1-0
13 1-1

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Marion	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal		Length of stay in lb	c. CITY OR TOWN Hannibal
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Levering Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 721 Lyon /St.,
3. NAME OF DECEASED (Type or print) First Jessie Middle Mae Last Campbell White		4. DATE OF DEATH Month Sept. Day 3 Year 1962	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Mar. 16, 1884
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 78
11a. FATHER'S NAME Richard Campbell		11b. MOTHER'S MAIDEN NAME Jo Ann Scobee	11. BIRTHPLACE (City and state or country) Paris, Missouri
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.	12. CITIZEN OF WHAT COUNTRY U.S.A.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ARteriosclerotic vascular disease, severe		14. NAME OF HUSBAND OR WIFE S.D. White	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		17. INFORMANT Mrs. John Lewellen, 721 Lyon	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		17. INFORMANT Address	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		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	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
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>7-31-62</u> to <u>9-3-62</u> and last saw her alive on <u>9-3-62</u>		21. I attended the deceased from _____ to _____ and last saw her alive on _____	
Death occurred at <u>10:35 P.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		21. I attended the deceased from _____ to _____ and last saw her alive on _____	
22a. SIGNATURE (Degree or title) Robert J. Lansing M.D.		22b. ADDRESS 115 N 5th St. Hannibal, Missouri	
22c. DATE SIGNED 9-12-62		22c. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Sept. 6, 1962	23c. NAME OF CEMETERY OR CREMATORY Grand View Burial Park Hannibal, Missouri	23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR H.M.O'Donnell, Hannibal, Mo.		25. DATE RECD. BY LOCAL REG. Oct. 10, 1962	26. REGISTRAR'S SIGNATURE Dr. E.M. Lucke by Lillian M. Norman

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 *JM O'Donnell*

Licensed Embalmer No. 3889

P. O. Address Hannibal, 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.

Bernie raised 12/10/62