

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-042045

STATE FILE NUMBER

Registration District No. 80 Primary Registration District No. 4142 Registrar's No. 16

DO NOT WRITE ON THIS STUB

AMENDED

| | | | | | |
|---|-------------------------------|--|---|---|--|
| FILED NOV 26 1962 | | 1. PLACE OF DEATH a. COUNTY <u>COLE</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>COLE</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>RUSSELLVILLE</u> | | Length of stay in 1b <u>15 YRS.</u> | | c. CITY OR TOWN <u>RUSSELLVILLE</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>SIMPSON STREET</u> | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) <u>SIMPSON STREET</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>HUGH ELMER CAMPBELL</u> | | | 4. DATE OF DEATH Month Day Year <u>NOV. 18 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>AUG. 16 1885</u> | 9. AGE (last birthday) <u>77</u> | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARM</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u> | | 11. BIRTHPLACE (City and state or country) <u>RUSSELLVILLE MO. U.S.A.</u> | |
| 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>JAMES A. CAMPBELL</u> | | 13b. MOTHER'S MAIDEN NAME <u>HANNAH KELSAY</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>GEORGIA E. 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>NONE</u> | |
| 17. INFORMANT <u>GEORGIA E. CAMPBELL</u> | | Address <u>RUSSELLVILLE MO.</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>Acute Nephritis</u> | | DUE TO (b) <u>Uremia</u> | | DUE TO (c) <u>Chronic Arteriosclerosis</u> | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | 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>Oct. 2 1962</u> to <u>Nov. 18 62</u> and last saw ^{her} him alive on <u>Nov. 18, 62</u> Death occurred at <u>3:25 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) <u>E. M. Eberhart D.O.</u> | | | 22b. ADDRESS <u>Russellville, Mo</u> | | 22c. DATE SIGNED <u>11-19-62</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 23b. DATE <u>NOV. 20 1962</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>ENHOG CEMETERY</u> | |
| 23d. LOCATION (City, town, or county) <u>MONTEAU COUNTY</u> | | 23e. (State) <u>MO</u> | | 24. FUNERAL DIRECTOR <u>Chas. Steirman Russellville Mo.</u> | |
| 25. DATE RECD. BY LOCAL REG. <u>NOV. 20</u> | | 26. REGISTRAR'S SIGNATURE <u>Minnie Hittmeyer</u> | | | |

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

| DATE AMENDED | INSTEAD OF | DOCUMENT |
|--------------|------------|----------|
| 3 | | |
| 4 | 0 | |
| 5 | 1 | |
| 6 | | |
| 7 | 0 | |
| 8 | 0 | |
| 9 | 4500 | |
| 10 | | |
| 11 | | |
| 12 | 90-2 | |
| 13 | 2-0 | |

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 28 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 J. L. Steunson

Licensed Embalmer No. 4073

P. O. Address Southern 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.