

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-045732
STATE FILE NUMBER
62-045732

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 374 Primary Registration District No. 4247 Registrar's No. 27

FILED NOV 27 1962

VS 300
Rev. 4/59

1 1130

2 1130₂

3

4 1

5 2

6

7 0

8 2

9 4221

10

11

12 86-0

13 1-1

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

1. PLACE OF DEATH a. COUNTY <u>Worth</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Worth</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Grant City</u>		Length of stay in 1b <u>1 year</u>		c. CITY OR TOWN <u>Grant City</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Grant City Nursing Home</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>800 South Lyons</u>	
3. NAME OF DECEASED (Type or print) First <u>Turscy</u> Middle <u>May</u> Last <u>Campbell</u>		4. DATE OF DEATH Month <u>September</u> Day <u>23</u> Year <u>1962</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</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>5-24-1879</u>	9. AGE (last birthday) <u>83</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (City and state or country) <u>Harrison County, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U. S.</u>		13a. FATHER'S NAME <u>James Sweeney</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Bollinger</u>	
14. NAME OF HUSBAND OR WIFE <u>Charley 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>Lou McClish</u>		Address <u>Grant City, Missouri</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>Cerebral Vascular accident</u>					INTERVAL BETWEEN ONSET AND DEATH <u>6 day</u>
DUE TO (b) <u>Arteriolo-sclerotic cardiacascular disease</u>					<u>5 yrs</u>
DUE TO (c) _____					
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 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 <u>Grant City, Missouri</u>	
21. I attended the deceased from <u>1947</u> to <u>9-23-62</u> and last saw her <u>alive on</u> <u>9-23-62</u>		Death occurred at <u>4:30</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Frank B. Matteson</u>		22b. ADDRESS <u>Frank B. Matteson, M.D. Grant City, Missouri</u>		22c. DATE SIGNED <u>11-23-62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>Sept. 25, 1962</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Kirk Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Worth County, Missouri</u>		23e. (State) <u>Missouri</u>			
24. FUNERAL DIRECTOR <u>Bill A. Dunfee - Grant City</u>		25. DATE RECD. BY LOCAL REG. <u>11-26-1962</u>		26. REGISTRAR'S SIGNATURE <u>Ruth E. Dunfee</u>	

USE BLACK INK OR TYPEWRITER RIBBON

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 Bill A. Dunfee

Licensed Embalmer No. 4908

P. O. Address Grant City, 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.