

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-001034

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 118

Primary Registration District No. 4190

Registrar's No. 1

FILED JAN 10 1963

|  |                               |  |  |
|--|-------------------------------|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Gasconade</b>  |                               | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo.</b> b. COUNTY <b>Gasconade</b>  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Blond</b>  |                               | c. CITY OR TOWN <b>R.F.D. - Blond</b>  |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Home of Sister (One Byrne)</b>   |                               | d. STREET ADDRESS (If outside, give location)<br><b>No</b>   |  |
| 3. NAME OF DECEASED<br>(Type or print) <b>Wayne Campbell</b>   |                               | 4. DATE OF DEATH <b>Jan 2 - 1963</b>   |  |
| 5. SEX <b>Male</b>   | 6. COLOR OR RACE <b>White</b> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>   | 8. DATE OF BIRTH <b>Sept 27 - 1890</b> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Self</b>   |                               | 10b. KIND OF BUSINESS OR INDUSTRY <b>Own farm</b>  |  |
| 11a. BIRTHPLACE (City and state or country)<br><b>Marion County - Mo</b>   |                               | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S. Fl.</b>   |  |
| 13a. FATHER'S NAME <b>See Campbell</b>   |                               | 13b. MOTHER'S MAIDEN NAME <b>Martha Storchow</b>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no or unknown) (If yes, give war or dates of service)<br><b>no</b>  |                               | 16. SOCIAL SECURITY NO. <b>no</b>  |  |
| 17. INFORMANT <b>Mr. Joe Phelps - Blond - Mo</b>   |                               | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Acute Coronary Occlusion Sudden</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <b>Acute Myocardial Infarction 2 Mo</b><br>DUE TO (b) <b>Acute Myocardial Infarction 2 Mo</b><br>DUE TO (c) <b>Acute Myocardial Infarction 2 Mo</b> |  |
| 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<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown  |  |
| 19. WAS AUTOPSY PERFORMED?<br>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. 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 <b>1957</b> to <b>1963</b> and last saw him alive on <b>12-24-62</b><br>Death occurred at <b>5:00 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated. |                               | 22. SIGNATURE (Degree or title) <b>Sharon Schmitt Mo</b>   |  |
| 22b. ADDRESS <b>Genex mo 1-4-63</b>  |                               | 22c. DATE SIGNED <b>1-4-63</b>   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>  |                               | 23b. DATE <b>1-5-1963</b>  |  |
| 23c. NAME OF CEMETERY OR CREMATORY <b>Drove Dale</b>   |                               | 23d. LOCATION (City, town, or county) (State) <b>Marion County - Mo</b>  |  |
| 24. FUNERAL DIRECTOR <b>Sharon Schmitt</b>   |                               | 25. DATE RECD. BY LOCAL REG. <b>January 4, 1963</b>  |  |
| 26. REGISTRAR'S SIGNATURE <b>Mrs. Marvin Jappmeyer</b>   |                               |  |  |

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

USE BLACK INK  
OR  
TYPEWRITER RIBBON

JAN 18 1963

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

*Chert Sassman*

Licensed Embalmer No.

*4178*

P. O. Address

*Bland - 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.