

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-014670

STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 48

DO NOT WRITE ON THIS STUB	AMENDED				
VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT	MEDICAL CERTIFICATION
1 <u>10 85</u>					
2 <u>10 85</u>					
3 <u>2</u>					
4 <u>0</u>					
5 <u>0</u>					
6 <u>0</u>					
7 <u>0</u>					
8 <u>2</u>					
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12 <u>90-0</u>					
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FILED MAR 26 1963

1. PLACE OF DEATH
a. COUNTY Vernon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada Length of stay in 1b Lifetime
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1203 West Walnut Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Vernon
c. CITY OR TOWN Nevada Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) 1203 West Walnut Reside on Farm Yes No

3. NAME OF DECEASED (Type or print)
First CHARLES Middle E. Last CAMPBELL

4. DATE OF DEATH
Month March Day 11 Year 1963

5. SEX M 6. COLOR OR RACE Wh 7. Married Never Married Widowed Divorced
8. DATE OF BIRTH 6-29-1880 9. AGE (last birthday) 82 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Meat cutter 10b. KIND OF BUSINESS OR INDUSTRY Retired 11. BIRTHPLACE (City and state or country) Palmyra Missouri 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME John Ed Campbell 13b. MOTHER'S MAIDEN NAME Eva Atkinson 14. NAME OF HUSBAND OR WIFE _____

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. _____ 17. INFORMANT Opal Campbell Nevada, Missouri Address _____

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arterio Sclerotic Circulatory Disease with End Arteritis Obliterans + gangrene of foot.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, but not related to the terminal disease condition given in PART I (a). Advanced age - Cr Rhinitis, Sinusitis + Prostatitis. PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) none

20c. TIME OF INJURY Hour: _____ Month: _____ Day: _____ Year: _____ p.m. _____

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 20f. CITY, TOWN, OR LOCATION COUNTY STATE Nevada Vernon Mo

21. I attended the deceased from About 1960 to Mar 11 - 1963 and last saw him alive on Mar 9 - 1963. Death occurred at 5 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Name or title) W. Love MD 22b. ADDRESS Nevada Mo 22c. DATE SIGNED 3-18-63 (State)

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 1963 23c. NAME OF CEMETERY OR CREMATORY Newton Burial Park 23d. LOCATION (City, town, or county) Nevada Missouri

24. FUNERAL DIRECTOR ADDRESS Ferry Funeral Home Nevada, Missouri 25. DATE RECD. BY LOCAL REG. 3-23-1963 26. REGISTRAR'S SIGNATURE Anna E. Jerry

USE BLACK INK OR TYPEWRITER RIBBON

JUN 4 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

L. Douglas Jurg

Licensed Embalmer No. 4900

P. O. Address Neuada, Missouri

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.