

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **23386**

FILED JUL 18 1950

BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **4218** Registrar's No. **30**

0421

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Windsor	c. LENGTH OF STAY (in this place) 4 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Greenbridge 0800	
d. FULL NAME OF HOSPITAL OR INSTITUTION None		d. STREET ADDRESS (If rural, give location) None	

3. NAME OF DECEASED a. (First) MARY b. (Middle) VICTORIA c. (Last) CAMPBELL			4. DATE OF DEATH (Month) (Day) (Year) July 8, 1950		
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH April-8-1870		9. AGE (In years last birthday) 80 Months 3 Days 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Benton County Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME James Wallace		13b. MOTHER'S MAIDEN NAME Mary Elizabeth Brown		14. NAME OF HUSBAND OR WIFE J.C. Campbell	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs. Nowell Embree Windsor	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
<p>*This does not mean the mode of dying, such as heart failure, asthemia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis			
		ANTECEDENT CAUSES			
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension			4222

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Mar 4, 1950** to **July 8, 1950**, that I last saw the deceased alive on **July 3, 1950**, and that death occurred at **4:40 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE H. A. Hite (Degree or title) M.D.		23b. ADDRESS Green Ridge, Mo		23c. DATE SIGNED 7-8-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE July-10-50	24c. NAME OF CEMETERY OR CREMATORY Laurel Oak Cemetery	24d. LOCATION (City, town, or county) (State) Windsor Mo		

DATE REC'D BY LOCAL REG. July-10-50	REGISTRAR'S SIGNATURE Florence Adair		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Fred J. Wilkinson Clinton Mo	
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RECEIVED 7/17/58

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 7/17/58

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 _____
Student Embalmer

Signed *Paul L. Wilkman*

Licensed Embalmer No. 4376

P. O. Address *Clinton 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 this body is not embalmed, fact should be so stated above.