

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19977**

FILED JUN 26 1951

BIRTH NO. 316622-51 REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4218 Registrar's No. 86

420

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

| | | | | | | |
|---|--|--|---|-----------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Henry</u> | | | 2. USUAL RESIDENCE (Where deceased lived? If institution: admission before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Windsor</u> | | c. LENGTH OF STAY (in this place) <u>8 1/2 hrs</u> | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Windsor 0420</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Community Hospital</u> | | | d. STREET ADDRESS (If rural, give location) <u>0</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>RICHARD DEAN</u> b. (Middle) <u>CAMPBELL</u> c. (Last) <u>CAMPBELL</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>June 19, 1951</u> | | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u> | 8. DATE OF BIRTH <u>June 19, 1951</u> | | 9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Min. <u>8 30</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Baby</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <u>Windsor, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Chas. Eldon Campbell</u> | | 13b. MOTHER'S MAIDEN NAME <u>Delta Maybell</u> | | 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) <u>no</u> | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Charles Eldon Campbell, Windsor, Mo</u> | | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature (7 months)</u> 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. | | | INTERVAL BETWEEN ONSET AND DEATH <u>10 hrs</u> |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>776X Windsor, Mo</u> | | | | |
| 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 <u>6-19, 1951</u> , to <u>6-19, 1951</u> , that I last saw the deceased alive on <u>6-19, 1951</u> , and that death occurred at <u>8:30 p.m.</u> , from the causes and on the date stated above. | | | | | | |
| 23a. SIGNATURE <u>Ray B Jordan</u> (Degree or title) <u>MD</u> | | | 23b. ADDRESS <u>Windsor, Mo</u> | | 23c. DATE SIGNED <u>6-20-51</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>6-20-51</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Laurel Oak</u> | 24d. LOCATION (City, town, or county) (State) <u>Windsor, Missouri</u> | | | |
| DATE REC'D BY LOCAL REG. <u>June-20-51</u> | REGISTRAR'S SIGNATURE <u>Florence Adair</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Huston-Turner Windsor, Mo</u> | | | |

RECEIVED 6-25-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 6-25-51 _____

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 William M. Turner

Licensed Embalmer No. 4678

P. O. Address Thibodaux, 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.