

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-010688

FILED VS. MAR 21 1960

137 Primary Registration District No. 4218 Registrar's No. 81

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <i>Henry.</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <input checked="" type="checkbox"/> b. COUNTY <input checked="" type="checkbox"/>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Windsor Mo.</i>	Length of stay in 1b <i>1 day.</i>	c. CITY OR TOWN <input checked="" type="checkbox"/>	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Windsor Hospital</i>		d. STREET ADDRESS <input checked="" type="checkbox"/> (If outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <i>CATHERINE SUE CAMPBELL</i>			4. DATE OF DEATH Month Day Year <i>MARCH 15 1960</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>MAR. 14. 1960</i>	9. AGE (last birthday) <input checked="" type="checkbox"/>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>BABY</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>Windsor Mo.</i>	12. CITIZEN OF WHAT COUNTRY <i>U. S. A.</i>	

13a. FATHER'S NAME <i>Charles Campbell</i>	13b. MOTHER'S MAIDEN NAME <i>Delta Maybell</i>	14. NAME OF HUSBAND OR WIFE <input checked="" type="checkbox"/>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT <i>Mr Charles Campbell Calhoun Mo.</i> 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) <i>Acute Respiratory Failure</i> DUE TO (b) <i>Marked Prematurity</i> DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH <i>2-3 hrs</i> <i>24 hrs</i>
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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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
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21. I attended the deceased from *Mar. 14 60* and last saw her *Mar 15-60* alive on *Mar 15-60*  
Death occurred at *10:30 am* on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Claude M. Shubert</i> (Degree or title)	22b. ADDRESS <i>Windsor Mo.</i>	22c. DATE SIGNED <i>3/17/60</i>
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23a. BURIAL, CREMATION, RECOVERY (Specify) <i>Burial</i>	23b. DATE <i>March 16, 1960</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Lanier Oak Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Windsor Mo.</i>
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24. JOURNAL DIRECTOR <i>Allis M. Huston</i> Windsor Mo	25. DATE RECD. BY LOCAL REG. <i>Mar 18, 1960</i>	26. REGISTRAR'S SIGNATURE <i>Hildegard Begun</i>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed W. L. Downing

Licensed Embalmer No. 5067

P. O. Address Windsor

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.