

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 336 PRIMARY REG. DIST. NO. 6135 Registrar's No. 340

1. PLACE OF DEATH a. COUNTY Shannon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Shannon	
b. CITY (If outside corporate limits, write RURAL and give town or township) Rural Spring Creek Twp. 21 N.		c. CITY OR TOWN Spring Creek Rural Twp. 21 N.	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 1 month		e. STREET ADDRESS (If rural, give location) P.O. Gladden, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Near the Sinks			

3. NAME OF DECEASED (Type or Print)	a. (First) CHARLES	b. (Middle) HOUSTON	c. (Last) CAMPBELL	4. DATE OF DEATH (Month) (Day) (Year) Nov. 17 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 12 1889	9. AGE (In years last birthday) 66	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer (retired)	10b. KIND OF BUSINESS OR INDUSTRY Agri culture	11. BIRTHPLACE (City and State or Foreign Country) Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME James Campbell	13b. MOTHER'S MAIDEN NAME Ellen Shockley	14. NAME OF HUSBAND OR WIFE Ollie Campbell
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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. 199-10-2048	17. INFORMANT'S SIGNATURE OR NAME Ollie Campbell, Gladden, Mo.	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion, sudden		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Probably thrombosis DUE TO (c) Clasic Heart attack		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4201	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **2:10P m.**, from the causes and on the date stated above.

23a. SIGNATURE Emmett J. Green (Degree or title)	23b. ADDRESS Blackwell - Warfel, Salem, Mo	23c. DATE SIGNED 11-21-1955
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov 20 1955	24c. NAME OF CEMETERY OR CREMATORY Shannondale Com. Cem	24d. LOCATION (City, town, or county) (State) Shannon County Missouri
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DATE REC'D BY LOCAL REG. Nov 17 1955	REGISTRAR'S SIGNATURE Emmett J. Green	25. FUNERAL DIRECTOR'S SIGNATURE Blackwell - Warfel ADDRESS Salem, Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Max L Wafer

Licensed Embalmer No. 417

P. O. Address Salem, Va

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.