

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 331 Primary Registration District No. 6128 REGISTRAR'S No. 20022402 STATE FILE NUMBER

FILED JUN 4 1965

VS 300	DATE AMENDED
Rev. 4/59	
1 1010	
2 1010	
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4 0	
5 1	
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7 0	
8 2	
9 4201	
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11	
12 90-2	
13 1-0	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

DOCUMENT

1. PLACE OF DEATH a. COUNTY <u>Shannon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Shannon</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bland Chute</u>		c. CITY OR TOWN <u>Eminence</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Bland Chute</u>		d. STREET ADDRESS (If outside, give location) <u>Eminence</u>	
3. NAME OF DECEASED (Type or print) First <u>Robert</u> Middle <u>Donald</u> Last <u>Campbell</u>		4. DATE OF DEATH Month <u>May</u> Day <u>22</u> Year <u>1965</u>	
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11/22/19</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Boat Guide</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Salem, Mo.</u>
13a. FATHER'S NAME <u>Charles H. Campbell</u>		14. NAME OF HUSBAND OR WIFE <u>Marjorie S. Campbell</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>Yes W.W. #2</u>		17. INFORMANT <u>Marjorie Campbell Eminence Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>MYOCARDIAL INFARCTION</u> DUE TO (b) <u>CORONARY OCCLUSION</u> DUE TO (c) <u>CORONARY THROMBOSIS</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 MIN.</u> <u>4 MIN.</u> <u>5 MIN.</u>	
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.)	
20c. TIME OF INJURY Hour <u>5</u> p.m. Month <u>5</u> Day <u>22</u> Year <u>65</u>			
20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, building) <u>BOATING ON RIVER AFD. - EMINENCE, SHANNON MO.</u>		
20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>ON MAY 22, 1965</u> and last saw him alive on <u>MAY 20, 1965</u>			
21. I attended the deceased from <u>5 A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at <u>5 A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Denton Wilson, D.O. - Coroner</u>		22b. ADDRESS <u>Eminence, Mo.</u>	
22c. DATE SIGNED <u>5-26-65</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>5/25/65</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Pilgram Rest Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>Eminence, Missouri</u>
24. FUNERAL DIRECTOR <u>Duncan Funeral Home</u>		ADDRESS <u>Mtn. View, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>6-3-1965</u>
		26. REGISTRAR'S SIGNATURE <u>Imogene Rice</u>	

USE BLACK INK OR TYPEWRITER RIBBON

JUL 26 1965

JUN 26 1965

JUN 8 1965

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

Charles D. ...

Licensed Embalmer No. 5107

P. O. Address W. M. ... 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

Vertical handwritten text on the right edge of the page.