

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 6022 Registrar's No. 49

890

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

1. PLACE OF DEATH a. COUNTY <u>Ray</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>	
b. CITY OR TOWN <u>Rural - Richmond</u>	c. LENGTH OF STAY (in this place) <u>6 days</u>	c. CITY OR TOWN <u>Rural - Richmond, Mo.</u>	d. STREET ADDRESS (If rural, give location) <u>3 miles NW Richmond</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 miles NW Richmond</u>		d. STREET ADDRESS (If rural, give location) <u>3 miles NW Richmond</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>HURAM</u> b. (Middle) <u>ZACHARIAS</u> c. (Last) <u>CAMPBELL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 7, 1953</u>	
---	--	--	--	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 27, 1873</u>	9. AGE (In years last birthday) <u>80</u>	if under 1 year Months <u>0</u>	if under 1 day Days <u>10</u>	if under 1 min. Hours _____	if under 1 sec. Minutes _____
--------------------	-------------------------------	--	--------------------------------------	---	------------------------------------	----------------------------------	--------------------------------	----------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Ray County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
--	--	---	--	---	--	--	--

13a. FATHER'S NAME <u>Joshua Campbell</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Brewster</u>		14. NAME OF HUSBAND OR WIFE <u>Martha Campbell</u>	
--	--	--	--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Martha Campbell, Richmond, Mo.</u>		ADDRESS <u>Richmond, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Terminal bronchopneumonia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>	
		ANTECEDENT CAUSES *Forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral hemorrhage (lt. hemisphere)</u>				<u>3 mo.</u>	
		DUE TO (c) <u>Generalized arterio sclerosis & Hypertension</u>				<u>unknown</u>	
		II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>				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)	
--	--	--	--	---	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)			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 Aug 21, 1948, to June 7, 1953, that I last saw the deceased alive on June 3, 1953, and that death occurred at 1:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Name and title) <u>M. Johnson MD</u>		23b. ADDRESS <u>Richmond, Mo.</u>		23c. DATE SIGNED <u>6/10/53</u>	
---	--	--------------------------------------	--	------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 9, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Woods Chapel</u>		24d. LOCATION (City, town, or county) (State) <u>Richmond, Missouri</u>	
--	--	----------------------------------	--	---	--	--	--

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>June 10 - 1953</u>		REG. <u>Malcolm Jackson</u>		273 F. FUNERAL DIRECTOR'S SIGNATURE <u>W. Estabrook</u>		ADDRESS <u>Richmond, Mo.</u>	
--	--	--------------------------------	--	---	--	---------------------------------	--

Wed. 10

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 *[Signature]* _____

Licensed Embalmer No. *4066* _____

P. O. Address *Frederick, Md.* _____

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.