

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED AUG 14 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **297** PRIMARY REG. DIST. NO. **3057** Registrar's No. **43**

1. PLACE OF DEATH  
 a. COUNTY **Ray**  
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Richmond**  
 c. LENGTH OF STAY (in this place) \_\_\_\_\_  
 d. FULL NAME OF HOSPITAL OR INSTITUTION **Courthouse, Richmond, Mo.**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
 a. STATE **Missouri** b. COUNTY **Ray**  
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Rural Richmond, Township**  
 d. STREET ADDRESS (If rural, give location) **Richmond, Route # 1**

3. NAME OF DECEASED (Type or Print)  
 a. (First) **John** b. (Middle) \_\_\_\_\_ c. (Last) **Campbell**

4. DATE OF DEATH (Month) (Day) (Year)  
**July 28 1950**

5. SEX **Male**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Never married**

8. DATE OF BIRTH **July 13, 1871**

9. AGE (In years last birthday) **79** IF UNDER 1 YEAR Months **0** Days **16** IF UNDER 24 Hrs. Hours **0** Min. **0**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **retired painter**

10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_

11. BIRTHPLACE (State or foreign country) **Ray County Missouri**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Newton Campbell**

13b. MOTHER'S MAIDEN NAME **Mary Blackwell**

14. NAME OF HUSBAND OR WIFE \_\_\_\_\_

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) \_\_\_\_\_

16. SOCIAL SECURITY NO. \_\_\_\_\_

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Mrs. Lena Griffing, Richmond, Mo.**

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\* **Intra Cranial Haemorrhage**  
 ANTECEDENT CAUSES  
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
 DUE TO (b) **Blow on the Head**  
 DUE TO (c) **a Fall**  
 II. OTHER SIGNIFICANT CONDITIONS  
 Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH  
**Inst.**  
**1-21**

19a. DATE OF OPERATION \_\_\_\_\_

19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_

20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) **accidental**

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **near courthouse**

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) **Richmond Ray Mo**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **July 28 - 1950 6:50**

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? **a Fall**

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 \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE **John F. Babey, Coroner** (Degree or title)

23b. ADDRESS **Richmond Mo**

23c. DATE SIGNED **7-29-1950**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24b. DATE **July 30, 1950**

24c. NAME OF CEMETERY OR CREMATORY **Dockery Cem.**

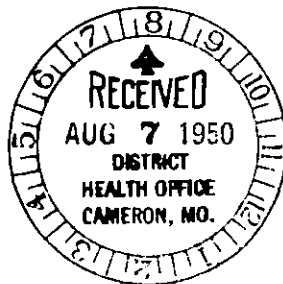
24d. LOCATION (City, town, or county) (State) **Ray Mo.**

DATE REC'D BY LOCAL REG. **July 31 - 1950**

REGISTRAR'S SIGNATURE **Malcol Jackson**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Thomas J. Carter Richmond, Mo**

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 .....  
Student Embalmer

Signed Thomas J Carter

Licensed Embalmer No. 4474

P. O. Address Richmond, 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.