

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

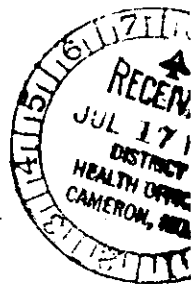
State File No. 24400

FILED AUG 4 1950

BIRTH NO. _____		REG. DIST. NO. <u>297</u>	PRIMARY REG. DIST. NO. <u>3052</u>	Registrar's No. <u>37</u>
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 (If outside corporate limits, write RURAL and give township) <u>Richmond</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Richmond</u> <u>0891</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>133 Benton St.</u>		d. STREET ADDRESS (If rural, give location) <u>133 Benton St.</u>		
3. NAME OF DECEASED (Type or Print) <u>LUCY</u>		a. (First) <u>JANE</u>	c. (Last) <u>CAMPBELL</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 9, 1950</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIAGE STATUS <u>Widow</u>	8. DATE OF BIRTH <u>March 15, 1876</u>	9. AGE (In years last birthday) <u>74</u> IF UNDER 1 YEAR Months <u>3</u> Days <u>21</u> IF UNDER 14 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Ray County, Missouri</u>	
13a. FATHER'S NAME <u>James Manley</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Bales</u>		14. NAME OF HUSBAND OR WIFE <u>William J. Campbell</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Marshall Harrison</u>		ADDRESS <u>Kansas City, 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.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Pulmonary edema</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, give rise to the above cause (a) state the underlying cause last.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs.</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION.		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 <input type="checkbox"/> AT HOME <input type="checkbox"/> AT WORK		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased alive on <u>July 9, 1950</u> , and the death occurred at <u>10:50 p.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>J. K. Johnson</u>		23b. ADDRESS <u>Richmond, Mo.</u>		23c. DATE SIGNED <u>7/11/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 12, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunny Slope Cemetery</u>
24d. LOCATION (City, town, or county) <u>Richmond, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thurman Funeral Home</u> ADDRESS <u>Richmond, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>July 12, 1950</u>		REGISTRAR'S SIGNATURE <u>Malcolm Johnson</u>		

(Licensed Embalmer's Statement on Reverse Side)

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



**STATEMENT BY LICENSED**

I hereby certify that the body whose name is recorded on the reverse side of

.....  
working under my personal supervision.

Student .....  
Student Embalmer

Signed.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER**  
the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

**EMER**

ertificate was embalmed by me, ~~of 1917~~.....

Student Embalmer No. ....

*Sam L. Thurman*.....

ensed Embalmer No. 4563.....

O. Address Richmond, Mo......

**OWN HANDWRITING. (Failure to comply with**