

CERTIFICATE OF DEATH

Registration District No. 316 Primary Registration District No. 3060 Registrar's No. 99

DO NOT WRITE ON THIS STUB

VS 300
Rev. 1/70

DECEASED—NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. LOIS CAMPBELL		FEMALE	FEB. 28, 1971
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAYS (YEARS)	UNDER 1 YEAR UNDER 1 DAY
4. WHITE		Mo. 77	Mo. 77 DAY 23 YEAR 1894
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)	
7b. FARMINGTON		7c. 815 So. JEFFERSON ST.	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)
8. Mo.		9. U.S.A.	10. WIDOWED
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	KIND OF BUSINESS OR INDUSTRY
12. 499-03-5810		13. HOSPITAL ATTENDANT	13b. RETIRED
RESIDENCE—STATE COUNTY		CITY, TOWN, OR LOCATION	STREET AND NUMBER
14. Mo. ST. FRANCOIS		14a. FARMINGTON	14b. 815 S. JEFFERSON ST.
FATHER—NAME FIRST MIDDLE LAST		MOTHER—MAIDEN NAME FIRST MIDDLE LAST	
15. T. M. BARTON		16. CATHERINE MILLS	
INFORMANT—NAME		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	
17. MARY CATHERINE CAMPBELL		18. 815 S. JEFFERSON FARMINGTON, Mo 63640	
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE			
(a) PULMONARY EDEMA			2 hours
DUE TO, OR AS A CONSEQUENCE OF:			
(b) ARTEROSCLEROTIC HEART DISEASE			YRS
DUE TO, OR AS A CONSEQUENCE OF:			
(c)			
PART II. OTHER SIGNIFICANT CONDITIONS: (CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (C))			AUTOPSY (YES OR NO) 19. NO
DIABETES			IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b.
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)
20a.	20b.	20c.	M. 20d.
INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)	IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS 20h. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK
20e.	20f.	20g.	20h.
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM	MONTH DAY YEAR	MONTH DAY YEAR	AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR
21a.	2. 28. 71	TO 2. 28. 71	21c. 2 28 71
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		HOUR OF DEATH	THE DECEDENT WAS PRONOUNCED DEAD MONTH DAY YEAR HOUR
22a.		22b.	22c.
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE	DEGREE OR TITLE
23a. C.W. Chastain MD		23b. <i>C.W. Chastain MD</i>	23c. MD
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.	CITY OR TOWN STATE ZIP
23d. FARMINGTON MO 63640		23e.	23f.
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME	LOCATION	CITY OR TOWN STATE
24a. BURIAL	24b. ST. JAMES	24c. POTOSI, Mo.	
DATE (MONTH, DAY, YEAR)	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		
24d. MARCH 2, 1971	24e. COZEAN FUNERAL HOME 217 W. COLUMBIA FARMINGTON,		
FUNERAL DIRECTOR—SIGNATURE	REGISTRAR—SIGNATURE	DATE RECEIVED BY LOCAL REGISTRAR	
25a. <i>[Signature]</i>	25b. <i>Cather Matthews</i>	25c. March 1, 1971	

DECEASED

PARENTS

CAUSE

CERTIFIER

BURIAL

9. 1
10a. 77
10b. 90
11. 0
12. 2
13. 4123
14. 4
15. 6.0945
16. 0
17. 0
18. 0
19. CREDITS
20. 1-0

Type or print in PERMANENT BLACK INK. See handbook for instructions.

Mo.

EXPIRES 10 1973

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 C. A. Cozart
4084

Licensed Embalmer No. _____

P. O. Address Farmington 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.