

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36677

State File No. ....

5098

|   |   |   |  |   |  |
|---|---|---|--|---|--|
| BIRTH NO. _____   |   | REG. DIST. NO. <u>393</u>   |  | PRIMARY REG. DIST. NO. <u>1002</u> Registrar's No. _____                            |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Clay</u>  |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u> |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Kansas City, Mo. North</u>   |   | c. LENGTH OF STAY (In this place)<br><u>-</u>   | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Kansas City, North</u>                                |   | d. STREET ADDRESS (If rural, give location)<br><u>4301 N. Holmes</u>                                   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>Home, 4301 N. Holmes</u>  |   |   | d. STREET ADDRESS (If rural, give location)<br><u>4301 N. Holmes</u>   |   |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>William</u>  |   |   | b. (Middle) <u>Franklin</u>  |   | c. (Last) <u>Campbell</u>  |
| 4. DATE OF DEATH (Month) (Day) (Year)<br><u>Nov. 27 1951</u>  |   |   |  |   |  |
| 5. SEX <u>Male</u>  | 6. COLOR OR RACE <u>White</u>             | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Married</u>  | 8. DATE OF BIRTH<br><u>March 17, 1880</u>  | 9. AGE (In years last birthday)<br><u>71</u>  | IF UNDER 1 YEAR<br>Months _____ Days _____   |
| IF UNDER 1 YEAR<br>Months _____ Days _____  | IF UNDER 1 YEAR<br>Hours _____ Min. _____ | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Machinest</u>   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>-</u>  | 11. BIRTHPLACE (State or foreign country)<br><u>New York</u>                        |  |
| 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>   |   |   |  |   |  |
| 13a. FATHER'S NAME<br><u>George Campbell</u>  |   | 13b. MOTHER'S MAIDEN NAME<br><u>Rose</u>  |  | 14. NAME OF HUSBAND OR WIFE<br><u>Ethel Campbell</u>                                |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>-</u>  |   | 16. SOCIAL SECURITY NO.<br><u>-</u>   | 17. INFORMANT'S SIGNATURE OR NAME<br><u>Ethel Campbell</u>   |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.                           |   | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Myocardial Disease and Arteriosclerosis</u><br>DUE TO (c) <u>Bronchial Asthma</u> |  |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>4 days</u><br><u>5 years</u><br><u>11/20</u><br><u>20 years</u> |
| 19a. DATE OF OPERATION  |   | 19b. MAJOR FINDINGS OF OPERATION  |  | 20. AUTOPSY?<br>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)   |   | 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 <u>11-22</u> , 1951, to <u>11-27</u> , 1951, that I last saw the deceased alive on <u>11-25</u> , 1951, and that death occurred at <u>2:30</u> p.m., from the causes and on the date stated above. |   |   |  |   |  |
| 23a. SIGNATURE <u>Robert H. Parker</u> (Degree or title) <u>M.D.</u>  |   |   | 23b. ADDRESS<br><u>North Kansas City</u><br><u>2005 Gayette</u><br><u>Mo</u>   |   | 23c. DATE SIGNED<br><u>11/27/51</u>  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Removal</u>   | 24b. DATE<br><u>11/27/51</u>              | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Olathe City Cemetery</u>   | 24d. LOCATION (City, town, or county) (State)<br><u>Olathe, Johnson Kansas</u>   |   |  |
| DATE REC'D BY LOCAL REG<br><u>11-28-51</u>  |   | REGISTRAR'S SIGNATURE<br><u>Eveline Holmes</u>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>H. E. Julien</u>                             |  |
|   |   |   |  | ADDRESS<br><u>Olathe, Kansas</u>  |  |

(Licensed Embalmer's Statement on Reverse Side)

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.....

*By me*

Student Embalmer No. *X*

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Charles L. Fleming*

Licensed Embalmer No. *4569*

P. O. Address *Olathe, Kansas*

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.