

FILED DEC 1 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 37199  
Registrar's No. 4882

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY Jackson   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE Missouri b. COUNTY Jackson |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City                                     |  |
| c. LENGTH OF STAY (In this place) 34 yrs   |  | d. STREET ADDRESS (If rural, give location) 5622 Locust  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 5622 Locust                                      |  |  |  |

|   |                    |  |  |  |              |                                  |             |            |
|---|--------------------|--|--|--|--------------|----------------------------------|-------------|------------|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) W. b. (Middle) GORDON c. (Last) CAMPBELL          |                    |  | 4. DATE OF DEATH (Month) (Day) (Year)<br>Nov. 15, 1951 |  |              |                                  |             |            |
| 5. SEX M  | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married | 8. DATE OF BIRTH Jan. 20, 1885                         | 9. AGE (In years last birthday) 66                 | 10. MONTHS 0 | 11. DAYS 0                       | 12. HOURS 0 | 13. MIN. 0 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired |                    | 10b. KIND OF BUSINESS OR INDUSTRY                    |  | 11. BIRTHPLACE (State or foreign country) Arkansas |              | 12. CITIZEN OF WHAT COUNTRY? USA |             |            |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 13a. FATHER'S NAME Benjamin Franklin Campbell |  | 13b. MOTHER'S MAIDEN NAME Effie Williams |  | 14. NAME OF HUSBAND OR WIFE Gladys E. Campbell |  |
|---|--|--|--|--|--|

|  |                                     |   |  |         |  |
|--|-------------------------------------|---|--|---------|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | 16. SOCIAL SECURITY NO. 495-05-3912 | 17. INFORMANT'S SIGNATURE OR NAME Mrs. W. Gordon Campbell, 5622 Locust, KC Mo |  | ADDRESS |  |
|--|-------------------------------------|---|--|---------|--|

|   |  |   |  |  |  |                                  |  |
|---|--|---|--|--|--|----------------------------------|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  |  | MEDICAL CERTIFICATION   |  |  |  | INTERVAL BETWEEN ONSET AND DEATH |  |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rupture, abdominal aneurysm  |  | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis, generalized |  |  |  | 20 yrs                           |  |
| * This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. |  | DUE TO (c)  |  |  |  | 0 2 2 5                          |  |
| 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 |  | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) m. | 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 Pathologist, No. \_\_\_\_\_, 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 Lyle D. Letton (Degree or title) M.D. MD | 23b. ADDRESS R.U.M.C., K.C., Mo | 23c. DATE SIGNED 11/15/51 |
|---|---------------------------------|---------------------------|

|  |                    |   |   |
|--|--------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 11/17/51 | 24c. NAME OF CEMETERY OR CREMATORY Mt. Moriah | 24d. LOCATION (City, town, or county) (State) Kansas City, Missouri |
|--|--------------------|---|---|

|                                   |                                    |  |         |
|-----------------------------------|------------------------------------|--|---------|
| DATE REC'D BY LOCAL REG. 11-15-51 | REGISTRAR'S SIGNATURE R. M. Holmes | 25. FUNERAL DIRECTOR'S SIGNATURE STINE & McCLURE, Kansas City, Mo. | ADDRESS |
|-----------------------------------|------------------------------------|--|---------|

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

Dr. Merwin J. Remond  
411 Nichols Rd. - We 1929

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 *Eugene Thomas* \_\_\_\_\_

Licensed Embalmer No. *4633*

P. O. Address *Lansing City, Mich.*

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.