

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5405**

FILED FEB 16 1952

REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>JACKSON</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWNSHIP <u>Lee Summit (Rural)</u>		c. LENGTH OF STAY (in this place) <u>10 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWNSHIP <u>Lee Summit - (Rural)</u>		d. STREET ADDRESS (If rural, give location) <u>8 mi S West R. 1</u> <u>P. 10460</u>
3. NAME OF DECEASED (Type or Print) a. (First) <u>Elizabeth H.</u> b. (Middle) <u>Campbell</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 27-1952</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>July 18-1872</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>9</u>
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>Buckner Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Daniel James</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Hughes</u>	14. NAME OF HUSBAND OR WIFE <u>Wm H. Campbell</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Wm H. Campbell R. 1 Lee Summit 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Esophageal Varicocels, Ruptured</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Cirrhosis of liver</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>6 years</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) <u>5810</u>		
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 <u>8-15</u> , 19 <u>46</u> , to <u>1-27</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>1-27</u> , 19 <u>52</u> , and that death occurred at <u>11:58 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Christ Miller M.D.</u>			23b. ADDRESS <u>Lee Summit Mo.</u>		23c. DATE SIGNED <u>1-28-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 30-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lee Summit</u>	24d. LOCATION (City, town, or county) (State) <u>Lee Summit Mo</u>		
DATE REC'D BY LOCAL REG. <u>1-28-52</u>		REGISTRAR'S SIGNATURE <u>Ronald C. Emswiler</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Walt Funeral Home Blue Springs Mo</u>		

(Licensed Embalmer's Statement on Reverse Side) RBWalt

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

R B Witt

Signed.....

Student Embalmer

Licensed Embalmer No.

2353

P. O. Address

Blue Springs 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.