

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1712**
Registrar's No. **6**

FILED JAN 21 1953

BIRTH NO. _____		REG. DIST. NO. 146		PRIMARY REG. DIST. NO. 3026		Registrar's No. 6		
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson				
b. CITY (If outside corporate limits, write RURAL and give township) Independence			c. LENGTH OF STAY (in this place) Life	c. CITY (If outside corporate limits, write RURAL and give township) Kansas City (Rural Blue)			d. STREET ADDRESS (If rural, give location) 131 S. Glenwood 7000	
d. FULL NAME OF HOSPITAL OR INSTITUTION Independence San&Hosp				d. STREET ADDRESS (If rural, give location) 131 S. Glenwood 7000				
3. NAME OF DECEASED (Type or Print) MISS. FLORENCE			a. (First)		b. (Middle)		c. (Last) CAMPBELL	
4. DATE OF DEATH Jan. 3, 1953		(Month) (Day) (Year)		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify)		8. DATE OF BIRTH March 5, 1873		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Never Married		9. AGE (In years last birthday) 79		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Wyandotte Co. K.C. Kan.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Elwell Campbell			13b. MOTHER'S MAIDEN NAME Emma Hamilton			14. NAME OF HUSBAND OR WIFE ----		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs Adabell Land ADDRESS 131 Glenwood				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis				INTERVAL BETWEEN ONSET AND DEATH 1 mo.				
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES				
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) Arterio Sclerosis 1 year				
DUE TO (c) Senescence 1 year				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 332x				20. AUTOPSY? YES <input 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) (Min.)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT <input type="checkbox"/> WORK AT WORK		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from Sept 17, 1944 to Jan 3, 1953 that I last saw the deceased alive on Jan 3, 1953 and that death occurred at 8:50 a.m. , from the causes and on the date stated above.								
23a. SIGNATURE Elwell M. D. Independence (Degree or title)				23b. ADDRESS Independence, Mo.		23c. DATE SIGNED Jan 5/53		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 6, 1953	24c. NAME OF CEMETERY OR CREMATORY Mt. Washington		24d. LOCATION (City, town, county) K.C. MO (State)			
DATE REC'D BY LOCAL REG. 1-5-53		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS Indep, Mo		

7005

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Henry D. Mitchell

Licensed Embalmer No. 3928

P. O. Address Ind.

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.