

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13738**

FILED APR 27 1953

BIRTH NO. _____ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 4162 Registrar's No. 30

310
1

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

1. PLACE OF DEATH a. COUNTY Davless			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) OR TOWN Lock Springs		c. LENGTH OF STAY (in this place) 1 Day	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		3488	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION ---			d. STREET ADDRESS (If rural, give location) 3715 Washington St.			
3. NAME OF DECEASED (Type or Print) a. (First) Goldie b. (Middle) Mae c. (Last) Campbell			4. DATE OF DEATH (Month) (Day) (Year) April 12 1953			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 6 1896	9. AGE (In years last birthday) 56	IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and State or Foreign Country) Grundy County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Robert Humphrey		13b. MOTHER'S MAIDEN NAME Clara Moore		14. NAME OF HUSBAND OR WIFE Charles Campbell		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS. Chas. Campbell 3715 Washington Kansas City Mo			
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, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Rectum & Carcinomatosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 154X			INTERVAL BETWEEN ONSET AND DEATH ?
19a. DATE OF OPERATION March 20, 1953		19b. MAJOR FINDINGS OF OPERATION Carcinoma of Rectum with metastasis		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)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 March 11, 1953 to April 11, 1953 , that I last saw the deceased alive on April 11, 1953 and that death occurred at 4:15A m. from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) Ralph B. Sanner M.D.			23b. ADDRESS Kansas City Mo. 1210 Professional Bldg.		23c. DATE SIGNED April 12 '53	
24a. BURIAL/CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-14-53	24c. NAME OF CEMETERY OR CREMATORY Lock Springs Cemetery	24d. LOCATION (City, town, or county) (State) Lock Springs, Mo.			
DATE REC'D BY LOCAL REG. 4-20-53	REGISTRAR'S SIGNATURE Virginia M. Engel		25. FUNERAL DIRECTOR'S SIGNATURE R. O. Richman	ADDRESS Hope Funeral Home, Gallatin, Mo.		

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

L. O. Richesson

Licensed Embalmer No. 3302

P. O. Address Fall River, 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.