

FILED JUN 9 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17934

State File No. _____

2677

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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) OR TOWN Kansas City c. LENGTH OF STAY (In this place) 50 YEARS

c. CITY OR TOWN KANSAS CITY d. Is Residence within limits of a city or incorporated town? Yes No 3608

d. FULL NAME OF HOSPITAL OR INSTITUTION 3217 Cleveland Avenue Malotte Rest Home

e. STREET ADDRESS (If rural, give location) 4424 NORTON AVENUE

3. NAME OF DECEASED
a. (First) Frank b. (Middle) _____ c. (Last) Campbell

4. DATE OF DEATH (Month) (Day) (Year) May 23 1953

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2

8. DATE OF BIRTH UNKNOWN

9. AGE (In years last birthday) 47 Months _____ Days _____ Hours _____ Mins. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BARTENDER

10b. KIND OF BUSINESS OR INDUSTRY TAVERN

11. BIRTHPLACE (City and State or Foreign Country) INDEPENDENCE MISSOURI

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME UNKNOWN Campbell

13b. MOTHER'S MAIDEN NAME UNKNOWN

14. NAME OF HUSBAND OR WIFE Mrs. UNKNOWN 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. 494-12-2640

17. INFORMANT'S SIGNATURE OR NAME Mrs. ANNA MALOTTE ADDRESS 3217 CLEVELAND 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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis
ANTECEDENT CAUSES Arteriosclerosis
Morbidity 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.
45

INTERVAL BETWEEN ONSET AND DEATH
2 1/2
2 1/2
45

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1-51, 1951, to 5-23-53, that I last saw the deceased alive on 5-23-53 1953, and that death occurred at 12:45 P m., from the causes and on the date stated above.

23a. SIGNATURE Frank Paul Lorenzana (Degree or title)

23b. ADDRESS 4428 S. White Ave

23c. DATE SIGNED 5-23-53

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE MAY 27 1953

24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY

24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI

DATE REC'D BY LOCAL REG. 5-26-53 REGISTRAR'S SIGNATURE Heraldine Smith

25. FUNERAL DIRECTOR'S SIGNATURE D.W. Newcomer's Sons ADDRESS 1331 Brush Creek Kansas City, Mo.

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Robert Ray*.....

Licensed Embalmer No. *418*.....

P. O. Address *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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.