

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38978**  
**5272**

FILED NOV 25 1953

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

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>40 yrs</b>		e. STREET ADDRESS (If rural, give location) <b>3729 Walnut Street</b> <b>35180</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>Research Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>MARY</b> b. (Middle) <b>M.</b> c. (Last) <b>CAMPBELL</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 6, 1953</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Oct. 25, 1863</b>
9. AGE (In years last birthday) <b>90</b>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At home</b>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <b>Canada</b> <b>2</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			

13a. FATHER'S NAME <b>(Unknown) Mosiman</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>William J. Campbell</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>No</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Miss Esther Campbell, 3729 Walnut St., KC Mo</b>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>fracture R hip</b>		DUPLICATE TO (b) _____		89030 21
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUPLICATE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Diabetes Mellitus, Arterio Sclerosis, Debility</b>				

19a. DATE OF OPERATION <b>11-5-53</b>	19b. MAJOR FINDINGS OF OPERATION <b>fracture Reduction - P.P. Pin Inserted</b>	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, in or about shop, in or about vehicle) <b>3729 Walnut</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>KC Jackson Mo</b>

21d. TIME OF INJURY (Month) (Day) (Year) <b>11 3 53 2:30 p</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>fell out of bed</b>
22. I hereby certify that I attended the deceased <b>About 19:17</b> , to <b>11-6-1953</b> , that I last saw the deceased alive on <b>11-6-1953</b> and that death occurred at <b>11:55 A</b> m., from the causes and on the date stated above.		

23a. SIGNATURE <b>Eugene G. Black</b> (Degree or title) <b>MD</b>	23b. ADDRESS <b>11278 Hop Bldg Reno</b>	23c. DATE SIGNED <b>11-7-53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>11/9/53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Cemetery</b>
24d. LOCATION (City, town, or county) (State) <b>Kansas City, Kansas</b>		

DATE REC'D BY LOCAL REG. <b>11-7-53</b>	REGISTRAR'S SIGNATURE <b>Geraldine Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>STINE &amp; McCLURE, Kansas City, Missouri</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Mr. Eugene C. Black  
1228 Cong. Bldg.  
Vi 2462

God ...

T.O.A. 11:35 PM.

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 Gerald A. Burger

Licensed Embalmer No. 476

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