

FILED JUL 12 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18831
2529

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 town(ship)) OR TOWN Kansas City

c. CITY OR TOWN Kansas City
d. Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1

e. STREET ADDRESS (If rural, give location) 2133 Summit 3308

3. NAME OF DECEASED (Type or Print)
a. (First) Charles b. (Middle) E. c. (Last) Campbell

4. DATE OF DEATH (Month) (Day) (Year) 6 4 1954

5. SEX Male

6. COLOR OR RACE White

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

8. DATE OF BIRTH July 31 1887

9. AGE (In years) (Month) (Day) (Hours) (Min.) 66

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

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) Jackson Co. Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Campbell

13b. MOTHER'S MAIDEN NAME Mary Jane Norton

14. NAME OF HUSBAND OR WIFE Mrs. Daisy 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. 495-10-3004

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Walter Howard (Nephew) KCK

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) Cardiac decompensation

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease

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

4200

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) (Min.)

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 June 3, 1954, to June 4, 1954, that I last saw the deceased alive on June 4, 1954, and that death occurred at 12:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE B.I. Burns (Degree or title) M.D.

23b. ADDRESS 24th & Cherry

23c. DATE SIGNED 6-4-54

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

24b. DATE June 7 1954

24c. NAME OF CEMETERY OR CREMATORY Maple Hill Cemetery

24d. LOCATION (City, town, or county) (State) Kansas City, Kansas

DATE REC'D BY LOCAL REG. 6-5-54

REGISTRAR'S SIGNATURE Geraldine Smith

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Simmons Funeral Home KCK

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

Handwritten signature

505990

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..... *May E. Mey*

Licensed Embalmer No. *45*

P. O. Address..... *H. E. K.*

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.