

FILED OCT 19 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 33139

4148

|   |  |  |  |   |  |   |  |
|---|--|--|--|---|--|---|--|
| BIRTH NO. _____   |  | REG. DIST. NO. 149   |  | PRIMARY REG. DIST. NO. L 002  |  | Registrar's No. 4148  |  |
| 1. PLACE OF DEATH<br>a. COUNTY JACKSON  |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE MO b. COUNTY JACKSON |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN KANSAS CITY  |  | c. LENGTH OF STAY (in this place) 25 yrs   |  | c. CITY OR TOWN Kansas City.  |  | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION GENERAL HOSP NO. 2.   |  |  |  | STREET ADDRESS (If rural, give location) 5422 Bellfountain 3710   |  |   |  |
| 3. NAME OF DECEASED (Type or Print) a. (First) CHARLES  |  | b. (Middle) CARL   |  | c. (Last) CAMPBELL  |  | 4. DATE OF DEATH (Month) (Day) (Year) Sept 20th 1955  |  |
| 5. SEX Male   |  | 6. COLOR OR RACE Negro   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married  |  | 8. DATE OF BIRTH Jan 18th 1889  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)   |  | 10b. KIND OF BUSINESS OR INDUSTRY Union Pacific RR   |  | 9. AGE (In years last birthday) 66  |  | IF UNDER 1 YEAR Months Days Hours Min.  |  |
| 11. BIRTHPLACE (City and State or Foreign Country) Springfield Mo.  |  | 12. CITIZEN OF WHAT COUNTRY? U S A   |  | 13a. FATHER'S NAME Marshall Campbell  |  | 13b. MOTHER'S MAIDEN NAME Emma  |  |
| 14. NAME OF HUSBAND OR WIFE Bessie Campbell   |  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes world war No 1. |  | 16. SOCIAL SECURITY NO. 712-01-7935   |  | 17. INFORMANT'S SIGNATURE OR NAME Bessie Campbell ADDRESS 5422 Bellfountain   |  |
| 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) Hemopericardium  |  |  |  | INTERVAL BETWEEN ONSET AND DEATH  |  |   |  |
| ANTECEDENT CAUSES   |  |  |  | DUE TO (b) Ruptured Aortic Aor -  |  |   |  |
| Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.   |  |  |  | DUE TO (c) Tec Aneurysm   |  |   |  |
| 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   |  | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>  |  | 1221  |  |
| 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 <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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. |  |  |  |   |  |   |  |
| 23a. SIGNATURE L. M. Hallman (Degree or title) Deputy Coroner   |  |  |  | 23b. ADDRESS 1618 Lydia Ave   |  | 23c. DATE SIGNED 9/24/55  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal (auto)  |  | 24b. DATE Sept 26th 55   |  | 24c. NAME OF CEMETERY OR CREMATORY Natnl Cemetery   |  | 24d. LOCATION (City, town, or county) (State) Ft. Leavenworth Kansas  |  |
| DATE REC'D BY LOCAL REG. 9-24-55  |  | REGISTRAR'S SIGNATURE Vera Minsell   |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Adkins Funeral Home 2000 E 12th St K6 Mo.                                      |  |   |  |

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....  
*E. Kenneth Perry*

Licensed Embalmer No. *H.H.*

P. O. Address *H.C.P.*

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.