

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **19859**

BIRTH NO. _____		REG. DIST. NO. <u>56</u>		PRIMARY REG. DIST. NO. <u>5191</u>		Registrar's No. <u>3</u>	
1. PLACE OF DEATH a. COUNTY <u>Carroll.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas.</u> b. COUNTY <u>Wyandott.</u>			
b. CITY OR TOWN <u>Cherry Valley Township.</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>K.C.</u>		d. Is Residence within limits of a city (Incorporated town)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>12 Miles South West Norborne.</u>				e. STREET ADDRESS (If rural, give location) <u>2104 Vernon Street.</u> 8158			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Maurice</u>			b. (Middle) _____			c. (Last) <u>Campbell.</u>	
4. DATE OF DEATH <u>July 3, 1956</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single.</u>	
8. DATE OF BIRTH <u>Sept. 24, 1942.</u>		9. AGE (In years last birthday) <u>13.</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 4 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City Kansas.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Herman Campbell.</u>			13b. MOTHER'S MAIDEN NAME <u>Edith Ranken.</u>			14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Herman Campbell</u>		ADDRESS <u>K.C.K.</u>	
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) <u>ACCIDENTAL Drowned.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause lost. DUE TO (b) <u>in Missouri River.</u> DUE TO (c) <u>12 miles south of Norborne Mo.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>9298</u>				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) <u>ACCIDENT.</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Cherry Valley town, Carroll Mo.</u>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Carroll Mo.</u>		21d. HOW DID INJURY OCCUR? _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 3, 1956</u> m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		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 (Degree or title) <u>Ray Decker</u>			23b. ADDRESS <u>Carroll Mo.</u>			23c. DATE SIGNED <u>July 6-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>7/6/1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Quindaro Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Kans.</u>	
DATE REC'D BY LOCAL REG. <u>July 6, 1956</u>		REGISTRAR'S SIGNATURE <u>Eileen Peniston</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John S. Deitch</u>		ADDRESS <u>Norborne Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 20 1958

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.. Body was Found in Missouri River Decomposed so bad that we. Put the body in rubber bag and saturate it with Cavity Fluid.

Student.....
Signature of Student Embalmer

Signed.....
John G. Ditch

Licensed Embalmer No. *3454*

P. O. Address *Northone*

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.