THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36985
STATE FILE NUMBER

FILED DEC 10 1956

Registration District No. 27 Primary Registration District No. 3000 Registrar's No. 161

1. PLACE OF DEATH
a. COUNTY Bates
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Butler — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Memorial Hospital — Length of stay in 1b 10 min.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Bates
c. CITY OR TOWN Butler — Inside Limits Yes X No ☐
d. STREET ADDRESS 201 N Fulton (If outside, give location) — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First Warren Middle M 'Buzz' Last Campbell

4. DATE OF DEATH Month Nov Day 30 Year 1956

5. SEX Male
6. COLOR OR RACE white
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Oct 26 1891
9. AGE (In years last birthday) 65 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired
10b. KIND OF BUSINESS OR INDUSTRY laboror
11. BIRTHPLACE (City and state or country) Nevada Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME J R Campbell
14. MOTHER'S MAIDEN NAME Hannah E. Getz

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. none
17. INFORMANT Mamie Kroff — Address Butler Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) (aortic stenosis) - Cardiac standstill — INTERVAL BETWEEN ONSET AND DEATH 20 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Calcific aortic stenosis — 5 years
DUE TO (c) 421.1.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
hypo-thyroid dwarfism

19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Sept 1930 to Nov. 20 '56 and last saw ~~him~~ her alive on Nov 20 '56
Death occurred at ~~11:40 AM~~ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE L. D. Lattue (Degree or title) M.D.
22b. ADDRESS Butler Missouri
22c. DATE SIGNED 12/1/56

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 12/2/56
23c. NAME OF CEMETERY OR CREMATORY Oakhill cemetery
23d. LOCATION (City, town, or county) Butler Missouri (State)

24. FUNERAL DIRECTOR John G Underwood ADDRESS Butler Mo
25. DATE RECD. BY LOCAL REG. Dec. 1 - 1956
26. REGISTRAR'S SIGNATURE Kendall Kenny

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No. .....

working under my personal supervision..

Student .....
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. 3585

P. O. Address .....Butler..

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.