

FILED DEC 13 1956

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

37913

STATE FILE NUMBER

 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5090

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, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Joseph's Hosp			Length of stay in lb 65 years		d. STREET ADDRESS 1238 Bennington (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First ARTHUR Middle E Last CAMPBELL				4. DATE OF DEATH Month Nov Day 23 Year 1956					
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH March 23 1890		9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	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 Standard Oil		11. BIRTHPLACE (City and state or country) New Haven Missouri		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Burr S Campbell				14. MOTHER'S MAIDEN NAME Emma Hiatt					
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. 487-10-0760		17. INFORMANT Address Mrs Margie Campbell 1238 Bennington				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia							INTERVAL BETWEEN ONSET AND DEATH 3 days		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							DUE TO (b) Cerebral Hemorrhage 5 days		
							DUE TO (c) Cerebral Arteriosclerosis 6 mo +		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 Apr. 1956 to Nov 23 56 and last saw him alive on Nov 23-56 Death occurred at Nov 23, 56 3:30 PM on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE Quentin Cramer MD (Degree or title)				22b. ADDRESS 11th + Grand - 332 KC Mo.			22c. DATE SIGNED 11-24-56		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11/26/56	23c. NAME OF CEMETERY OR CREMATORY Floral Hills Cemetery			23d. LOCATION (City, town, or county) (State) Kansas City Missouri			
24. FUNERAL DIRECTOR ADDRESS Sheil Funeral Home Kansas City Mo				25. DATE RECD. BY LOCAL REG. 11-24-56		26. REGISTRAR'S SIGNATURE Neva Minshall			

(Licensed Embalmer's Statement on Reverse Side)

300
1-56
 health, Welfare public service
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 Quentin Cramer

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 *Thomas A. Sheil*.....

Licensed Embalmer No. *483*

P. O. Address *B. C. M.*

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.