FILED NOV 28 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37914
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4781

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 104 W 9th St. — Length of stay in 1 ~~6 mo~~ 5 Wks non resident
d. STREET ADDRESS (If outside, give location) 2219 St Jean — Reside on Farm Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Michagan b. COUNTY Wayne
c. CITY OR TOWN DeTroit — Inside Limits Yes X No ☐

3. NAME OF DECEASED (Type or print) First FRANCIS Middle E Last CAMPBELL
4. DATE OF DEATH Month 11 Day 4 Year 1956
5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ ~~DIVORCED~~ ☐
8. DATE OF BIRTH 6-24-1910
9. AGE (In years last birthday) 46 — 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) ~~Machs~~ machinist
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (City and state or country) Ohio
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME ~~Andred~~ Campbell, Andrew
14. MOTHER'S MAIDEN NAME Clara ~~Gratzer~~ Kratzer
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) World War No 2
16. SOCIAL SECURITY NO. 277-12-2180
17. INFORMANT Julienne Campbell Address 2219 St Jean DeTroit Mich

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gunshot Wound Chest — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) — DUE TO (c) — E976X
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 ☐ NO ☒

MEDICAL CERTIFICATION — Hugh H. Owens 8-24-56

20a. ACCIDENT ☐ SUICIDE ☒ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Self Inflicted
20c. TIME OF INJURY Hour ~~a.m.~~ p.m. 3:30 Month, Day, Year 11-4-56
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.) Hotel
20f. CITY, TOWN, OR LOCATION Kans City COUNTY Jackson STATE Mo

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Hugh H. Owens (Degree or title) Hugh H. Owens Coroner
22b. ADDRESS 1034 Rialto Bldg
22c. DATE SIGNED 11-5-56
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 11-6-56
23c. NAME OF CEMETERY OR CREMATORY Wayne State College
23d. LOCATION (City, town, or county) (State) DeTroit Michagan
24. FUNERAL DIRECTOR ADDRESS Passantino Bros KCMO
25. DATE RECD. BY LOCAL REG. 11-6-56
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service
300 1-56
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

## 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 Leonard C. Fassantino

Licensed Embalmer No. 4

P. O. Address KC 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.