

FILED FEB 27 1957

STANDARD CERTIFICATE OF DEATH

4858

STATE FILE NUMBER

516

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

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 310 NORTH BRIGHTON AVE		Length of stay in lb 25 YEARS	d. STREET ADDRESS 310 NORTH BRIGHTON AVE		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First BETTY Middle FINNELL Last McNINCH			4. DATE OF DEATH Month FEBRUARY Day 1 Year 1957		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JAN-22-1872	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY - - - - -	11. BIRTHPLACE (City and state or country) CHARITON MISSOURI		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME ANDREW W. McCAMPBELL			14. MOTHER'S MAIDEN NAME AMANDA E. GIVENS		
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. 496-01-7162	17. INFORMANT Address MRS. ELLA WARHORST KANSAS CITY, MO.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac decompensation					INTERVAL BETWEEN ONSET AND DEATH
MEDICAL CERTIFICATION	Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) hypertension carcinoma of breast (right)			
	DUE TO (c) malnutrition - with metastases				
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 170X				
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) 2				
20c. TIME OF INJURY Hour 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.) about 1970	20f. CITY, TOWN, OR LOCATION Kansas City	COUNTY Jackson	STATE Mo	
21. I attended the deceased from about 1930 to Jan 21 1957 and last saw her alive on Jan. 30 1957 Death occurred at 7:40 A. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Delon A. Williams (Type or print)			22b. ADDRESS 806 Prud Bldg		22c. DATE SIGNED 2/2/57
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE FEB-4-1957	23c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY	23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI		
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS		ADDRESS 1331 BAUSH CREEK KANSAS CITY, MO.	25. DATE RECD. BY LOCAL REG. 2-2-57	26. REGISTRAR'S SIGNATURE Nevas Marshall	

(Licensed Embalmer's Statement on Reverse Side)

Health,
Welfare
Public
Service300
-56

ALL diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. AT

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 embalmed
by me, or by, Student Embalmer No.
working under my personal supervision..

Student
Signature of Student Embalmer

Signed *Basil Honey*

Licensed Embalmer No. *40*

P. O. Address *N.C.*

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.