

Health, Welfare and Public Service
 300
 1-56
 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.

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

32287

FILED OCT 11 1957

STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 427

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Independence</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Independence</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS <u>Elizabeth St. R.R.#3</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Cable Rest Home</u> Length of stay in lb <u>23 yrs</u>			4. DATE OF DEATH <u>Sept - 28 - 1957</u>		
3. NAME OF DECEASED (Type or print) <u>Harvey Nathan Campbell</u>			4. DATE OF DEATH Month <u>Sept</u> Day <u>28</u> Year <u>1957</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept-13-1869</u>	9. AGE (In years last birthday) <u>88</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>28</u> Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Crops</u>		11. BIRTHPLACE (City and state or country) <u>Illinois</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			13. FATHER'S NAME <u>William Campbell</u>		
14. MOTHER'S MAIDEN NAME <u>Jane Zumalt</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>none</u>			17. INFORMANT <u>Mrs Blanche Craton</u> Address		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arteriosclerotic heart disease</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) <u>4280</u>					INTERVAL BETWEEN ONSET AND DEATH <u>Chronic</u>
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 _____ 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 <u>Sept 14, 1957</u> , to <u>Sept 28, 1957</u> and last saw <u>him</u> alive on <u>Sept 28, 1957</u> Death occurred at <u>4:00 P.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>W. H. Hickerson M.D.</u> (Degree or title)			22b. ADDRESS <u>604 W. Maple Independence, Mo.</u>		22c. DATE SIGNED <u>9/30/57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Oct-1-1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mound Grove</u>		23d. LOCATION (City, town, or county) (State) <u>Independence Mo</u>	
24. FUNERAL DIRECTOR <u>Roland A. Speaks - Indep</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>10-1-57</u>		26. REGISTRAR'S SIGNATURE <u>[Signature]</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

OCT 8 1957

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 *Roland R. Speaks*

Licensed Embalmer No. *34*

P. O. Address *Indep*

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.