

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44266

STATE FILE NUMBER

FILED DEC 30 1957

Registration District No. _____

149

Primary Registration District No. _____

1002

Registrar's No. _____

5809

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		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Trinity Lutheran Hosp.		d. STREET ADDRESS (If outside, give location) 3304 Campbell	
3. NAME OF DECEASED (Type or print) First Middle Last Mrs. Daisy Marie Campbell		4. DATE OF DEATH Month Day Year Dec. 9, 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 July 6, 1905
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Practical nurse, Thornton Minor Hosp.		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Illinois
13a. FATHER'S NAME Walter B. Buker		13b. MOTHER'S MAIDEN NAME Mettie Parish	14. NAME OF HUSBAND OR WIFE Charles Campbell
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. 497-24-9769	17. INFORMANT Address Charles Siders 825 E. 42nd Street
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of pancreas - DUE TO (b) obstructive jaundice DUE TO (c) unknown PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) no			INTERVAL BETWEEN ONSET AND DEATH 6 mo. 6 weeks 157 x
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" 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 <input type="checkbox"/> TRAVEL 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 1957	
21. I attended the deceased from Aug 1, 1957 to Dec 9, 1957 and last saw her alive on Dec 9, 1956 . Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) M. B. Casebolt M.D.		22b. ADDRESS 4000 Baltimore St. E. Mo.	
		22c. DATE SIGNED 12-10-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Dec. 11, 1957	
23c. NAME OF CEMETERY OR CREMATORY Forest Hill		23d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
24. FUNERAL DIRECTOR ADDRESS Stine & McClure Kansas City, Mo.		25. DATE RECD. BY LOCAL REG. 12-10-57	
26. REGISTRAR'S SIGNATURE Gene Minshall			

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.

M. B. Casebolt USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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any time + will case consider ready

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 *J. S. Walton*

Licensed Embalmer No. *2744*

P. O. Address *K. C. Mo*

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