

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

58-014103
 State File No.

FILED MAY 9 1958

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2030

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Kansas b. COUNTY Johnson c. CITY OR TOWN Prairie Village d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
b. CITY (If outside corporate limits, write RURAL and give town) Kansas City		c. LENGTH OF STAY (In this place) 6 Days	
d. FULL NAME OF HOSPITAL OR INSTITUTION Trinity Lutheran Hosp.		e. STREET ADDRESS (If rural, give location) 7726 Delmar	

3. NAME OF DECEASED (Type or Print) a. (First) Russell b. (Middle) Edward c. (Last) Campbell		4. DATE OF DEATH (Month) (Day) (Year) April, 20, 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 30, 1901
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pipe Fitter		9b. KIND OF BUSINESS OR INDUSTRY Water Co.	
11. BIRTHPLACE (City and State or Foreign Country) Stanley Kansas		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Charles B. Campbell		13b. MOTHER'S MAIDEN NAME Ivy Alice Chaney		14. NAME OF HUSBAND OR WIFE Leta	
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. 514-01-7430		17. INFORMANT'S SIGNATURE OR NAME Russell E. Campbell Jr. ADDRESS 7701 N.W. Lock, Overland Park, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 5 days	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis			years
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 331+	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-1 1957, to 4-20, 1958, that I last saw the deceased alive on 4-20, 1958, and that death occurred at 2:40 a.m., from the causes and on the date stated above.

23a. SIGNATURE Richard E. Davis M.D. (Degree or title)		23b. ADDRESS 4190 West 71st K.C., Mo.		23c. DATE SIGNED 4-21-58	
24a. BURIAL CREMATION REMOVAL (Specify) Burial	24b. DATE April 22, 1958	24c. NAME OF CEMETERY OR CREMATORY Pleasant Valley	24d. LOCATION (City, town, or county) (State) Stanley Kansas		
DATE REC'D BY LOCAL REG. 4-21-58	REGISTRAR'S SIGNATURE neva marshall	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Royce Hope Overland Park Mo			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
 Richard E. Davis



mi 2 - 3565 -

Hoge Funeral Home
will pick up

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. R. Hoge*

Licensed Embalmer No. *3579*

P. O. Address *Weldon Pa*

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.