

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024616

STATE FILE NUMBER

803

FILED AUG 4 1958

Registration District No. 42

Primary Registration District No. 1000

Registrar's No.

5. 300
1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Methodist Hosp.		d. STREET ADDRESS (If outside, give location) 1224 No. 22nd St.	
3. NAME OF DECEASED (Type or print) First Francis Middle Louis Last Campbell		4. DATE OF DEATH Month July Day 27 Year 1958	
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 24, 1876
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Printer		10b. KIND OF BUSINESS OR INDUSTRY News-Press	11. BIRTHPLACE (City and state or country) St. Joseph, Missouri
13a. FATHER'S NAME W.G. Campbell		13b. MOTHER'S MAIDEN NAME Mary unknown	14. NAME OF HUSBAND OR WIFE Olivette 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. none	17. INFORMANT Olivette Campbell, St. Joseph, Missouri
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic cardio-vascular renal disease & congestive failure and uremia			INTERVAL BETWEEN ONSET AND DEATH 3 mo
DUE TO (b) 442X			
DUE TO (c)			
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 <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.)	
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.)		20f. CITY, TOWN, OR LOCATION St. Joseph, Missouri	
21. I attended the deceased from 5-26-58 to 7-27-58 and last saw him alive on 7-27-58 Death occurred at 6:40 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Wm B. Keatman</i> (Degree or title) 0		22b. ADDRESS 316 No 10 th St Joseph Mo	
22c. DATE SIGNED 7-28-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE Ashland	
23c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery		23d. LOCATION (City, town, or county) (State) St. Joseph, Missouri	
24. FUNERAL DIRECTOR <i>Wm B. Keatman</i>		25. DATE RECD. BY LOCAL REG. July 30, 1958	
ADDRESS St. Joseph, Mo.		26. REGISTRAR'S SIGNATURE <i>Wm. Clark Woodell</i>	

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 *Alfred E. Harrington*

Licensed Embalmer No. *3258*

P. O. Address *H. Joseph*

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.