

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039856

STATE FILE NUMBER

FILED DEC 11 1958

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

5577

300
1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

J.D. Bennett

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 St. Mary's Hospital		d. STREET ADDRESS (If outside, give location) 7711 Main Street	
3. NAME OF DECEASED (Type or print) First LITA Middle CAMPBELL Last CAMPBELL		4. DATE OF DEATH Month November Day 26 Year 1958	
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. 14, 1881
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and state or country) Kansas City, Missouri
13a. FATHER'S NAME James W. Wood		13b. MOTHER'S MAIDEN NAME Sally Hamilton	14. NAME OF HUSBAND OR WIFE James Frank 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 Mr. Fred E. Campbell - St. Jo., 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) Carcinoma of Liver Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) metastatic Primary Source DUE TO (c) Unknown			INTERVAL BETWEEN ONSET AND DEATH 6 mon
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 checked="" type="checkbox"/> NO <input 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 Kansas City COUNTY _____ STATE _____	
21. I attended the deceased from Oct 1955 to Nov 26 58 and last saw her alive on Nov 25, 58 Death occurred at 200 1/2 m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J.D. Bennett M.D.		22b. ADDRESS 409 E 63rd KC Mo	
22c. DATE SIGNED 11/26/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Nov. 28, 1958	
23c. NAME OF CEMETERY OR CREMATORY Forest Hill Cemetery		23d. LOCATION (City, town, or country) (State) Kansas City, Missouri	
24. FUNERAL DIRECTOR Stine & McClure Und. Co., K. C., Mo.		25. DATE RECD. BY LOCAL REG. 11-26-58	
26. REGISTRAR'S SIGNATURE News Marshall			

11-5-
20
0990-1660

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 *William M. Turner*

Licensed Embalmer No. *4648*
P. O. Address *Kansas City*

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.