

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-005489  
STATE FILE NUMBER

697

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 697

**FILED FEB 19 1959**

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KANSAS CITY</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>4106 CAMPBELL</b>		Length of stay in lb <b>30 YEARS</b>	d. STREET ADDRESS (If outside, give location) <b>4106 CAMPBELL</b>
3. NAME OF DECEASED (Type or print) First Middle Last <b>ROBERT WOOD COMPTON</b>			4. DATE OF DEATH Month Day Year <b>FEBRUARY 4, 1959</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>JULY 5, 1875</b>
9. AGE (In years last birthday) <b>83</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (City and state or country) <b>MUNFORDVILLE, KENTUCKY</b>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <b>RAILROAD</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
13a. FATHER'S NAME <b>JAMES H. COMPTON</b>		13b. MOTHER'S MAIDEN NAME <b>AMELIE WOOD</b>	14. NAME OF HUSBAND OR WIFE <b>ELIZABETH JANE COMPTON</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year of discharge) <b>YES SPANISH AMERICAN</b>		16. SOCIAL SECURITY NO. <b>22905-47</b>	17. INFORMANT Address <b>4106 CAMPBELL</b> <b>MRS. ELIZABETH JANE COMPTON - K.C., MISSOURI</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Arterio sclerotic heart disease and failure</b>			INTERVAL BETWEEN ONSET AND DEATH <b>20 yrs</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>42 yr</b>			
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, Year 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>1949</u> to <u>Death</u> and last saw him alive on <u>Jan 27, 1959</u> Death occurred at <u>4:45 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>George J. Van Besien</b> (Name or title)		22b. ADDRESS <b>Ret. adm. 911 Linwood, K.C. Mo</b>	22c. DATE SIGNED <b>2-5-59</b>
23a. BURIAL, CREMATION OR REMOVAL (Specify) <b>CREMATION</b>	23b. DATE <b>FEB, 6, 1959</b>	23c. NAME OF DEATH OR CREMATORY <b>D. W. NEWCOMER'S SONS</b>	23d. LOCATION (City, town, or county) (State) <b>KANSAS CITY, MISSOURI</b>
24. FUNERAL DIRECTOR ADDRESS <b>B. W. NEWCOMER'S SONS-KANSAS CITY, MO.</b>		25. DATE RECD. BY LOCAL REG. <b>2-6-59</b>	26. REGISTRAR'S SIGNATURE <b>Neve Minchell</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

**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 *Albert L. Savage* .....

Licensed Embalmer No. *4812* .....

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.