

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009316

STATE FILE NUMBER 1173

FILED MAR 19 1959

Registration District No. 149 Primary Registration District No. 1002

Registrar's No. 1173

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>Kansas City</i>		c. CITY OR TOWN <i>Kansas City</i>	
c. FULL NAME OF (If NOT in hospital, give location) <i>St. Mary Hospital</i>		d. STREET ADDRESS <i>909 E. 59th</i>	
3. NAME OF DECEASED First <i>Rosa</i> Middle <i>-</i> Last <i>Campbell</i>		4. DATE OF DEATH Month <i>3</i> Day <i>1</i> Year <i>1959</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>May 13-1888</i>
9. AGE (In years last birthday) <i>78</i>		IF UNDER 1 YEAR Months <i>-</i> Days <i>-</i>	IF UNDER 24 HRS Hours <i>-</i> Min. <i>-</i>
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <i>Nurse</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Hospital</i>	11. BIRTH PLACE (City and state or country) <i>Lincoln, England</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13a. FATHER'S NAME <i>Johnathan Mills</i>	
13b. MOTHER'S MAIDEN NAME <i>Elizabeth Creasy</i>		14. NAME OF HUSBAND OR WIFE <i>Malcolm Campbell</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>488-36-1804</i>	
17. INFORMANT <i>Grace Campbell</i>		Address <i>Edmonton Canada</i>	
18. CAUSE OF DEATH (Enter only one cause per line) for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Pneumonia, bilateral, bronchopneumonia</i>			INTERVAL BETWEEN ONSET AND DEATH <i>4 1/2 hrs</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Hemiplegia, left & dysphasia</i>			<i>6 wks</i>
DUE TO (c) <i>Arteriosclerosis cerebral vessels</i>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Hypertension, essential</i>			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 <i>-</i> Month, Day, Year a.m. <i>-</i> p.m. <i>-</i>		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 <i>1958</i> to <i>3-1-59</i> and last saw her alive on <i>3-1-59</i> Death occurred at <i>1045</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>John R. Whitman MD</i>		22b. ADDRESS <i>6314 Brookhill Plaza</i>	
22c. DATE SIGNED <i>3-3-59</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>3-5-1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Memorial Park</i>	23d. LOCATION (City, town, or county) (State) <i>Kansas City, Mo.</i>
24. FUNERAL DIRECTOR <i>C. H. Blackman & Son Inc.</i>		25. DATE RECD. BY LOCAL REG. <i>3-4-59</i>	26. REGISTRAR'S SIGNATURE <i>neva minshall</i>

John R. Whitman use only black ink or ribbon type write if possible

MEDICAL CERTIFICATION

ALL DECEASES IN "OF" MUST BE COUNTY REPORTED



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 *W.C. Resine*

Licensed Embalmer No. *4879*
P. O. Address *H.P. 7th*

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.