

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-032673

FILED 13 SEP 29 1959

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 413

STATE FILE NUMBER

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>Independence</b>		Length of stay in 1b <b>4 yrs.</b>	c. CITY OR TOWN <b>Independence</b> Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>831 So. Hereford</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>831 So. Hereford</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>TELITHA</b> Middle <b>E.</b> Last <b>CAMPBELL</b>			4. DATE OF DEATH Month <b>Sept.</b> Day <b>22,</b> Year <b>1959</b>		
5. SEX <b>Female</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>4-8-1909</b>	9. AGE (last birthday) <b>50</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Punch Press Operator</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>K.C. Boy's Wear-Retail</b>	11. BIRTHPLACE (City and state or country) <b>Kansas City, Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Louie Williams</b>		13b. MOTHER'S MAIDEN NAME <b>Minnie Mae Spiker</b>		14. NAME OF HUSBAND OR WIFE <b>Everett Campbell</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>487-12-2595</b>	17. INFORMANT Address <b>Everett Campbell, 831 So. Hereford, Indep</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>Hypertotic pneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Carcinoma of right lung</b>	
	DUE TO (c) <b>Carcinoma of right lung with metastasis to mediastinum</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input 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.	Month, Day, Year	

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 <b>Independence, Missouri</b>
21. I attended the deceased from <b>Sept 3, 1958</b> to <b>Sept 22, 1959</b> and last saw her/him alive on <b>Sept 22, 1959</b> Death occurred at <b>11:05 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE <b>Ruth V. Anderson, M.D.</b> (Degree or title)	22b. ADDRESS <b>Independence, Mo</b>	22c. DATE SIGNED <b>9/22/59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>9-24-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Woodlawn Cemetery</b>
24. FUNERAL DIRECTOR <b>Geo. C. Carson &amp; Sons, Independence, Mo.</b> ADDRESS		23d. LOCATION (City, town, or county) <b>Independence, Missouri</b>

25. DATE RECD. BY LOCAL REG. <b>9-24-59</b>	26. REGISTRAR'S SIGNATURE <b>James H. [Signature]</b>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *Wm. G. Campbell*

Licensed Embalmer No. 508

P. O. Address Indep. Mo.

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.