URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

59-039958

STATE FILE NUMBER

FILED VS NOV 30 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5443

MENDED

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY — Length of stay in 1b 3 days
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) ST. LUKE'S — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY Morgan
c. CITY OR TOWN VERSAILLES — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) ROUTE NO. 2 — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Genevieve Middle — Last Campbell

4. DATE OF DEATH Month November Day 10 Year 1959

5. SEX Female
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 2-15-07
9. AGE (last birthday) 52 — IF UNDER 1 YEAR Months — Days — IF UNDER 24 HR Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (City and state or country) Climax Springs Mo
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Owen Gabriel
13b. MOTHER'S MAIDEN NAME Myrtle Jackson
14. NAME OF HUSBAND OR WIFE Dorfey Campbell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT Mr. Dorfey Campbell Address Versailles 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) MALIGNANT GLIOMA OF BRAIN — INTERVAL BETWEEN ONSET AND DEATH 2 MO.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
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. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 Nov 8th 1959, to Nov 10th 59 and last saw her/him alive on Nov 10th 59
Death occurred at 12:04 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) C. Weiford M.D.
22b. ADDRESS 4706 BROADWAY KANSAS CITY MO
22c. DATE SIGNED Nov. 10th

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 11-13-1959
23c. NAME OF CEMETERY OR CREMATORY Versailles Cem.
23d. LOCATION (City, town, or county) (State) Versailles Missouri

24. FUNERAL DIRECTOR ADDRESS C.H. Blackman & Son Inc. KC Mo.
25. DATE RECD. BY LOCAL REG. 11-12-59
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF DOCUMENT

E. C. Weiford

VS DEC 1 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by r

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed W.C. Quinne

Signature of Student Embalmer

Licensed Embalmer No. 4879

P. O. Address K.C., Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.