

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN - 6 1960

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6116

STATE FILE NUMBER

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

INDEXED

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		Length of stay in 1b 5 MONTHS		c. CITY OR TOWN KANSAS CITY MO.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LUKES HOSP.			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 309 WEST 45TH TERRACE			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last LARKIN CAMPBELL				4. DATE OF DEATH Month Day Year DEC 19, 1959			
5. SEX MALE	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 APRIL 25, 1871	9. AGE (last birthday) 88 yrs.	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) VETERINARIAN			10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) TECUMSEH KANSAS		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME JOHN CAMPBELL			13b. MOTHER'S MAIDEN NAME MARY THOMPSON		14. NAME OF HUSBAND OR WIFE PHOEBE 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 Address ST. LUKES HOSP RECORDS K. C. 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) Bronchopneumonia + pulmonary edema 2 days DUE TO (b) Arteriosclerotic Heart Disease 2 yrs DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Duodenal ulcer with hemorrhage					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 COUNTY STATE
21. I attended the deceased from <u>8/12/59</u> to <u>12/19/59</u> and last saw him ^{live} on <u>12/19/59</u> Death occurred at <u>7:10</u> <u>P</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Robert W. Hamill M.D.				22b. ADDRESS 4620 J C NICHOLS PKWY K.C. MO.		22c. DATE SIGNED 12/20/59 (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE DEC 21, 1959	23c. NAME OF CEMETERY OR CREMATORY ZION CEM		23d. LOCATION (City, town, or county) TOPEKA KANSAS		
24. FUNERAL DIRECTOR ADDRESS D. W. NEWCOMER'S SONS K.C. MO.				25. DATE RECD. BY LOCAL REG. 12-20-59		26. REGISTRAR'S SIGNATURE Neva Minshel	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Robert W. Hamill

JAN 19 1960

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

Roger F. Fuller

Licensed Embalmer No.

4818

P. O. Address

KC MO

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