

FEDERAL BUREAU OF INVESTIGATION
FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-002763

FILED VS JAN 25 1960

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 27 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Pettis					
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia		Length of stay in 1b 12 years		c. CITY OR TOWN Sedalia		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Bothwell Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (if outside, give location) Route 1		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First FRANK Middle HOMER Last CAMPBELL				4. DATE OF DEATH Month January Day 18 Year 1960					
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 11/27/83	9. AGE (last birthday) 76	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) Clerk Railway Express Agency			10b. KIND OF BUSINESS OR INDUSTRY Railway express retired		11. BIRTHPLACE (City and state or country) Cass County, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME Joseph Campbell			13b. MOTHER'S MAIDEN NAME Martha			14. NAME OF HUSBAND OR WIFE Daisy M. Irvin 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. XXXXXXXXXX		17. INFORMANT Robert L. Campbell, Sedalia, 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) Cerebral Thrombosis							INTERVAL BETWEEN ONSET AND DEATH 3 days		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Congestive Heart Failure							2 years		
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
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 _____ s.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 1958 to Jan 18 1960 and last saw ^{her} him alive on Jan 18 1960 Death occurred at 11:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE R. L. Walter M.D. (Degree or title)				22b. ADDRESS Sedalia Mo.			22c. DATE SIGNED 1-20-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1/21/60	23c. NAME OF CEMETERY OR CREMATORY Keo Bethel Cemetery		23d. LOCATION (City, town, or county) (State) Rural Pettis County, Mo.					
24. FUNERAL DIRECTOR Thane Ewing ADDRESS Sedalia, Mo.			25. DATE RECD. BY LOCAL REG. 1-21-1960		26. REGISTRAR'S SIGNATURE Frances Shelby				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 26

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

R. E. Baker

Licensed Embalmer No. 2419

P. O. Address Judaline

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.