

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-006186

FILED VS. MAR 3 1960

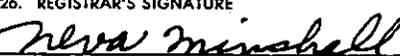
149

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

838 STATE FILE NUMBER

2/20/60 mms
 3/20/60 mms
 Salisaw, Oklahoma
 Muldrew, Oklahoma
 Bruce P. Mc Donald

DOCUMENT
 MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived.. If institution: Residence before admission) a. STATE MISSOURI COUNTY JACKSON					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in 1b 42 yrs		c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION QUEEN OF THE WORLD			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 2535 BROOKLYN		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last OSA ALEXANDER CAMPBELL				4. DATE OF DEATH Month Day Year FEBRUARY 11, 1960					
5. SEX MALE		6. COLOR OR RACE NEGRO		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 6-9-1889		9. AGE (last birthday) 70 yrs IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) orderly			10b. KIND OF BUSINESS OR INDUSTRY hospital		11. BIRTHPLACE (City and state or country) OKLA.		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME R. C. Campbell			13b. MOTHER'S MAIDEN NAME Susan M. Humphrey			14. NAME OF HUSBAND OR WIFE none			
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. 496 09 4064		17. INFORMANT Address Thelma Wright Kansas City, 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 VASCULAR HEMORRHAGE DUE TO HYPERTENSION. ENCEPHALOMALACIA DUE TO (b) DUE TO (c)								INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) DIABETES MELLITUS			
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 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 1-3-60 to 2-11-60 and last saw her/him alive on 2-11-60 Death occurred at 10:37 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) 				22b. ADDRESS 2604 Prospect, K.C. Mo.			22c. DATE SIGNED 2-12-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 2 15 1960		23c. NAME OF CEMETERY OR CREMATORY Center Point Salisaw Cemetery		23d. LOCATION (City, town, or county) (State) Salisaw Oklahoma			
24. FUNERAL DIRECTOR ADDRESS C. K. Kerford Funeral Home K.C. Mo.				25. DATE RECD. BY LOCAL REG. 2-12-60		26. REGISTRAR'S SIGNATURE 			

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 *C. Kenneth Rouse*

Licensed Embalmer No. 1422

P. O. Address *R. C. M.*

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.