# URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-010833
STATE FILE NUMBER

FILED VS MAR 28 1960 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1414

ENDED

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: 1 Week
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Marys Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Kansas b. COUNTY Johnson
c. CITY OR TOWN Lenexa
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS 13208 West 94 Terr (If outside, give location)
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: William Middle: Burns Last: Campbell
4. DATE OF DEATH Month Day Year: March 8, 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Nov. 2, 1926
9. AGE (last birthday): 33
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): Lumberman
10b. KIND OF BUSINESS OR INDUSTRY: Lumber Yard
11. BIRTHPLACE (City and state or country): Overland Park Kans.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Carl Campbell
13b. MOTHER'S MAIDEN NAME: Dove Morrison
14. NAME OF HUSBAND OR WIFE: Mollie Campbell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War 2
16. SOCIAL SECURITY NO.: 513-16-6824
17. INFORMANT: Mollie Campbell Address: Lenexa 13208 west 94 Terr Kansas

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Perforation of Small Intestine — INTERVAL BETWEEN ONSET AND DEATH: 8 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Operative repair of Ventral Hernia — 4 days
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Secondary (operative) Adrenal insufficiency
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 Mar 3, 1953, to Mar 8, 1960 and last saw he/him alive on Mar 8, 1960
Death occurred at 7:45 A m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE Donald J. Smith (Degree or title) M.D.
22b. ADDRESS 8023 Santa Fe, Overland Park Kans
22c. DATE SIGNED 3/8/60

BY AFFIDAVIT OF Donald J. Smith

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Mar. 10, 1960
23c. NAME OF CEMETERY OR CREMATORY Lenexa
23d. LOCATION (City, town, or county) Lenexa (State) Kansas
24. FUNERAL DIRECTOR Hoag Funeral Home ADDRESS Overland Park Kans
25. DATE RECD. BY LOCAL REG. 3-9-60
26. REGISTRAR'S SIGNATURE Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MAY 12 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 r

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed J Rayne Hogl

Licensed Embalmer No. 3579

P. O. Address Overland Pa

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.