

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-015197

FILED VS MAY 16 1960

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2323

STATE FILE NUMBER

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

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) Kansas City		Length of stay in lb 76 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) INSTITUTION Graymore Nursing Home 401 E. 36th St.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1853 E. 77th St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Clara Middle _____ Last Campbell		4. DATE OF DEATH Month Apr. Day 22, Year 1960	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 9-30-1879
9. AGE (last birthday) 80		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) Artist		10b. KIND OF BUSINESS OR INDUSTRY Commercial Painting Sedalia, Missouri	11. BIRTHPLACE (City and state or country) U. S. A.
12. CITIZEN OF WHAT COUNTRY U. S. A.		13a. FATHER'S NAME Leonard Nancy	
13b. MOTHER'S MAIDEN NAME Celeste Demille		14. NAME OF HUSBAND OR WIFE William Valo 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 Mrs. Ajva Butler, Welfare Island, N. Y. Address _____
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction DUE TO (b) Rheumatoid Arthritis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH Sudden 25 yrs	
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 checked="" 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 _____ 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 Jan 52 to Apr 22 60 and last saw her alive on Apr 21 60 Death occurred at 5:30 PM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE D. Bennett MD (Name or title)		22b. ADDRESS 409 E 65th KC Mo	22c. DATE SIGNED 4/26/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4-28-60	23c. NAME OF CEMETERY OR CREMATORY Mt. Washington
23d. LOCATION (City, town, or county) Kansas City, Missouri		(State) _____	
24. FUNERAL DIRECTOR Stine & McClure, Kansas City, Mo.		25. DATE RECD. BY LOCAL REG. 4-26-60	26. REGISTRAR'S SIGNATURE Neva Minshall

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF D. Bennett

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 Robert L. Landes, Student Embalmer No. 59-

working under my personal supervision.

Student Robert L. Landes Signed Joe B. Yoder
Signature of Student Embalmer

Licensed Embalmer No. 4170

P. O. Address K.C. 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.