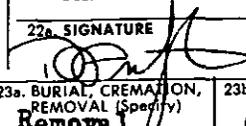
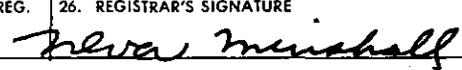


RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-026765

FILED VS JUL 26 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3409 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY Polk		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in 1b <u>24 days</u>	c. CITY OR TOWN DUNNEGAN		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA HOSPITAL			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) RR #1	
3. NAME OF DECEASED (Type or print) First MADISON Middle Z. Last CAMPBELL			4. DATE OF DEATH Month JUNE Day 23 Year 1960		
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-9-12	9. AGE (last birthday) 48	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Dunnegan, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Gearm Campbell		13b. MOTHER'S MAIDEN NAME May Nichols		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) yes 11-20-42 to 6-18-48		16. SOCIAL SECURITY NO. —		17. INFORMANT Official Records, VA Hospital, K.C., Mo. 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)		Bronchopneumonia-post operative repair of perforated ulcer			3 days
DUE TO (b)		Post operative debridement ulcer of left foot			6 days
DUE TO (c)		Diabetes mellitus			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Uremia due to diabetic nephropathy				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? NO	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 Month, Day, Year a.m. p.m.					
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. VA attended the deceased from 5-31-60 to 6-23-60 /and last saw him alive on/ Death occurred at 3:45 p on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE 		(Degree or title) T. J. FRITZILEN, MD.		22b. ADDRESS VA Hospital, Kansas City, Mo.	22c. DATE SIGNED 6-24-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 6/24/1960	23c. NAME OF CEMETERY OR CREMATORY Adler Cemetery		23d. LOCATION (City, town, or county) (State) Stockton Missouri	
24. FUNERAL DIRECTOR D.W. Newcomers Sons 1331 Brush Creek Blvd.		ADDRESS Kansas City Missouri		25. DATE RECD. BY LOCAL REG. 6-29-60	26. REGISTRAR'S SIGNATURE 

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *B. J. Nelson*

Licensed Embalmer No. 44

P. O. Address K.C. Mo.

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