

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-033220

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 492

FILED OCT 10 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Jackson b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 10908 East 35th		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson c. CITY OR TOWN Independence d. STREET ADDRESS (If outside, give location) 10908 East 35th	
3. NAME OF DECEASED (Type or print) First Edith Middle Gertude Last Campell			4. DATE OF DEATH Month Sept Day 27 Year 1961
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-4-1893
9. AGE (last birthday) 68		IF UNDER 1 YEAR Months 6 Days 00	IF UNDER 24 HR Hours 00 Min. 00
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Snowflake Michigan
12. CITIZEN OF WHAT COUNTRY U S A		13a. FATHER'S NAME John K. Soper	
13b. MOTHER'S MAIDEN NAME Grace Wendagahl		14. NAME OF HUSBAND OR WIFE	
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 Helen Zerk 10908 East 35th Inden 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) Thrombosis of pulmonary artery DUE TO (b) Cor Pulmonale DUE TO (c) Pulmonary Emphysema & Fibrosis 5 years 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			INTERVAL BETWEEN ONSET AND DEATH 6 mo
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.		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 Sept 22 1961 to Sept 27 '61 and last saw her alive on Sept 27 '61 Death occurred at 10908 E. 35th m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Edith Soper, M.D. (Degree or title)		22b. ADDRESS Grandview, MO	22c. DATE SIGNED Sept 29-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Sept 30, 1961	23c. NAME OF CEMETERY OR CREMATORY Mound Grove Cemetery
23d. LOCATION (City, town, or county) Independence Missouri		23e. DATE RECD. BY LOCAL REG. 9-30-61	
24. FUNERAL DIRECTOR Roland R Speaks Funeral Home Independence		26. REGISTRAR'S SIGNATURE Alba L. Craig	

STATEMENT BY LICENSED EMBALMER

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

Student _____

Signature of Student Embalmer

Signed

Wayne Smith

Licensed Embalmer No. 5081

P. O. Address Indep. Mo.

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