

MISSOURI DEPARTMENT OF PUBLIC HEALTH AND WELFARE - STANDARD CERTIFICATE OF DEATH

-61-041098

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5597 STATE FILE NUMBER

FILED DEC 1 1961

1. PLACE OF DEATH
 a. COUNTY Jackson
 b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City Length of stay in 1b 35 years
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Research Hospital Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri COUNTY Jackson
 c. CITY OR TOWN Kansas City Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 2429 Cleveland Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First STELLA Middle CAMPBELL Last JENKINS 4. DATE OF DEATH Month 11 Day 6 Year 1961

5. SEX Female 6. COLOR OR RACE Caucasian 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 12-1-73 9. AGE (last birthday) 87 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) Homemaker 10b. KIND OF BUSINESS OR INDUSTRY Domestic 11. BIRTHPLACE (City and state or country) Missouri 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME James T. Campbell 13b. MOTHER'S MAIDEN NAME Molly Freeman 14. NAME OF HUSBAND OR WIFE H. L. Jenkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) No (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. None 17. INFORMANT James H. Jenkins, 8926 E. 74th St 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) Cerebral vascular accident with right Hemiplegia INTERVAL BETWEEN ONSET AND DEATH 12 days
 DUE TO (b) _____
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) _____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Senility 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 10-27-61 to 11-6-61 and last saw her/him alive on 11-6-61
 Death occurred at 9:24 P. on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Degree or title) Ruth Perry M.D. 22b. ADDRESS 4800 E. 24th, Kansas City, Mo. 22c. DATE SIGNED 11-7-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Nov. 9, 1961 23c. NAME OF CEMETERY OR CREMATORY Lawson Cemetery 23d. LOCATION (City, town, or county) (State) Lawson, Missouri

24. FUNERAL DIRECTOR D.W. Newcomer's Sons, Kansas City, Mo. ADDRESS 1331 Brush Creek Blvd. 25. DATE RECD. BY LOCAL REG. 11-8-61 26. REGISTRAR'S SIGNATURE Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

AMENDED
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF
 Ruth Perry

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 Leub. Michael

Licensed Embalmer No. 4340

P. O. Address K. C., 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.