MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-000738

STATE FILE NUMBER

PARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 72 Primary Registration District No. 4134 Registrar's No. 7

FILED JAN 15 1962

1. PLACE OF DEATH
a. COUNTY: Clay
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Smithville — Length of stay in 1b: 10 years
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Smithville Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Clay
c. CITY OR TOWN: Smithville — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 2nd and Bridge St. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First John Middle Stephen Last Campbell
4. DATE OF DEATH: Month January Day 6 Year 1962
5. SEX: Male
6. COLOR OR RACE: CACU.
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 12-15-1951
9. AGE (last birthday): 10 — 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): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (City and state or country): Smithville, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A
13a. FATHER'S NAME: John W. Campbell
13b. MOTHER'S MAIDEN NAME: Edna Brooks
14. NAME OF HUSBAND OR WIFE: None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT: John W. Campbell Address: Independence, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Pulmonary edema — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): Congenital Heart disease — birth
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Polycythemia secondary
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 _____, to _____ and last saw her/him alive on _____
Death occurred at 1:05 p.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Paul C Vescovo Jr. MD
22b. ADDRESS: Smithville, Mo
22c. DATE SIGNED: 1-8-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: January 9-62
23c. NAME OF CEMETERY OR CREMATORY: Odd Fellows' Cemetery
23d. LOCATION (City, town, or county): Smithville (State): Mo.

24. FUNERAL DIRECTOR: Muehlebach ADDRESS: Kansas City, Mo.
25. DATE RECD. BY LOCAL REG.: 1-8-62
26. REGISTRAR'S SIGNATURE: Marguerite Hudgens

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED | BY AFFIDAVIT OF DOCUMENT

MAR 7 1962

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 Alfred H. Hammons, Student Embalmer No. 646 working under my personal supervision.

Student Alfred H. Hammons
Signature of Student Embalmer

Signed R.E. Nichols

Licensed Embalmer No. 4997

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.