MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-038617

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5427

FILED NOV 9 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED | BY AFFIDAVIT OF | DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: KANSAS CITY
Length of stay in 1b: 2 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: V A HOSPITAL
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: CEDAR
c. CITY OR TOWN: EL DORADO SPRINGS
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): ROUTE 5, BOX 99
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First RAY Middle THOMAS Last CAMPBELL

4. DATE OF DEATH: Month, Day, Year: October 24, 1962

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 7-19-22

9. AGE (last birthday): 40
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): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: FARM

11. BIRTHPLACE (City and state or country): Stockton, Missouri

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Tom W. Campbell

13b. MOTHER'S MAIDEN NAME: Clare Martin

14. NAME OF HUSBAND OR WIFE: Nellie A. Campbell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes WW II

16. SOCIAL SECURITY NO.: 489 32 6260

17. INFORMANT Address: Nellie A. Campbell VA Hospital Official Records, K.C. Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Multiple abcesses of lungs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Staphylococcal pneumonia
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:

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. ☐ 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. VA attended the deceased from October 22, 1962, to October 24, 1962. Death occurred at 3:49 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): M. A. Mac Aulay
M. A. MAC AULAY, M.D.

22b. ADDRESS: VA Hospital, Kansas City, Mo.

22c. DATE SIGNED: 10-24-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: OCT 27 1962

23c. NAME OF CEMETERY OR CREMATORY: Alder Cemetery

23d. LOCATION (City, town, or county) (State): Cedar County, Missouri

24. FUNERAL DIRECTOR ADDRESS: Beckwith Funeral Home Neumansville, Mo.

25. DATE REC'D. BY LOCAL REG.: 10-26-62

26. REGISTRAR'S SIGNATURE: Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

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 *Forrest D. Coldanow*

Licensed Embalmer No. *4714*

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.