

FILED AUG 12 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23330

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3297

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Platte</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Parkville</u>	
c. LENGTH OF STAY (In this place) <u>4 da</u>		d. STREET ADDRESS (If rural, give location) <u>5 East 12 St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Prinity Lutheran</u>			
3. NAME OF DECEASED a. (First) <u>Leona</u> (Type or Print)		b. (Middle) <u>May</u> c. (Last) <u>Campbell</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>July 28 - 49</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>July 3 - 1883</u>
9. AGE (In years last birthday) <u>66 65</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housework</u>	11. BIRTHPLACE (State or foreign country) <u>Albany, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>
10a. USUAL OCCUPATION	10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>		
13a. FATHER'S NAME <u>Edd Thompson</u>		13b. MOTHER'S MAIDEN NAME <u>Rebecca Ann Thompson</u>	
14. NAME OF HUSBAND OR WIFE <u>Harry Campbell</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>no</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Harry Campbell</u>		ADDRESS <u>Parkville Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Cervix</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Parcusmatous Invasion of Inguinal, Bladder, Rower.</u> DUE TO (b) <u>of Inguinal, Bladder, Rower.</u> DUE TO (c) <u>Jelvis with Perforated Bladder - Urinary Extravasation</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>45</u> July <u>28</u> , 19 <u>49</u> , to <u>July 28</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>July 28</u> , 19 <u>49</u> , and that death occurred at <u>12:50</u> pm., from the causes and on the date stated above.			
23a. SIGNATURE <u>John H. Ogilvie MD</u> (Degree or title)		23b. ADDRESS <u>730 Prof Bldg</u>	
23c. DATE SIGNED <u>July 28/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Aug 1 - 1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Walnut Grove</u>		24d. LOCATION (City, town, or county) (State) <u>Parkville Mo</u>	
DATE REC'D BY LOCAL REG. <u>7-30-49</u>		REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Leland H. Francis</u>		ADDRESS <u>Parkville Mo</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FFR 9 1954

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 .....  
Student Embalmer

Signed *Leland G. Francis*

Licensed Embalmer No. *3451*

P. O. Address. *Parkville 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 this body is not embalmed, fact should be so stated above.