

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8692

State File No.

LED MAR 18 1952

BIRTH NO. _____ REG. DIST. NO. 152 PRIMARY REG. DIST. NO. 5572 Registrar's No. 48

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>Jackson</u>	
b. CITY OR TOWN <u>Buckner-Rural</u>	c. LENGTH OF STAY (in this place) <u>40 yrs</u>	c. CITY OR TOWN <u>Buckner-Rural-Smi. a. bar</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6 mi. S. East</u>		d. STREET ADDRESS (If rural, give location) <u>6 mi South East 0480</u>	
3. NAME OF DECEASED a. (First) <u>John</u> b. (Middle) <u>B. Campbell</u> c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar-7-1952</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>June-1-1870</u>
9. AGE (In years less birthday) <u>81</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Jackson Co Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U S</u>		13a. FATHER'S NAME <u>James Campbell</u>	
13b. MOTHER'S MAIDEN NAME <u>Sarah Williamson</u>		14. NAME OF HUSBAND OR WIFE <u>Kathryn Campbell</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Delbert Campbell Oak Grove</u>		ADDRESS <u>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>Arteriosclerotic Heart Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Arteriosclerosis</u> DUE TO (c) _____ 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4200	
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) _____ m.	
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>6-22, 1951</u> , to <u>12-28, 1951</u> , that I last saw the deceased alive on <u>12-28, 1951</u> , and that death occurred at <u>5:45 a. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>James Williamson MD</u> (Degree or title)		23b. ADDRESS <u>Oak Grove Mo</u>	
23c. DATE SIGNED <u>8-7-52</u>		24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Mar. 9-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakland Cem</u>	
24d. LOCATION (City, town, or county) (State) <u>Independence R.F.O. Mo</u>		DATE REC'D BY LOCAL REG. <u>3-8-52</u>	
REGISTRAR'S SIGNATURE <u>Donald P. Eason</u> 3781-5		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walt Funeral Home Blue Springs Mo</u> ADDRESS _____	

(Licensed Embalmer's Statement on Reverse Side) R. S. Smith

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

MAR 13 1953

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 R B Webb

Licensed Embalmer No. 2353

P. O. Address Blue springs 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.