

FILED JUN 9 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15788

2377

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City MOYERS	c. LENGTH OF STAY (in this place) 10 YEARS	c. CITY OR TOWN KANSAS CITY	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 5435 FOREST AVENUE		e. STREET ADDRESS (If rural, give location) 5435 FOREST AVENUE 3758	
3. NAME OF DECEASED (Type or Print) Theodora Lydia Campbell		a. (First) Theodora	b. (Middle) Lydia
c. (Last) Campbell		4. DATE OF DEATH (Month) (Day) (Year) MAY 23-1954	
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JUNE 8, 1890
9. AGE (in years last birthday) 63		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) BRADFORD, PENNSYLVANIA		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME THEODORE STAINBROOK	13b. MOTHER'S MAIDEN NAME IDA WANKLEY	14. NAME OF HUSBAND OR WIFE EARL HARRISON CAMPBELL
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME KANSAS CAMPBELL, JR. EARL H. CAMPBELL 5435 FOREST

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		INTERVAL BETWEEN ONSET AND DEATH 29 1/2 23
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Lacerations of hands arm		
DUE TO (c) History of Infectious		II. 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 no Post Mortem	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) suicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansascity Jackson MO
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 5-23-54 12:00 pm	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? suicide or accident

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **12:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Hugh H. Owens	(Degree or title)	23b. ADDRESS 1034 Walnut Bldg	23c. DATE SIGNED 5-24-54
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE MAY 26, 1954	24c. NAME OF CEMETERY OR CREMATORY MT. MORIAH CEM.	24d. LOCATION (City, town, or county) (State) KANSAS CITY MO
DATE REC'D BY LOCAL REG 5-26-54	REGISTRAR'S SIGNATURE Leudine Smith	25. FUNERAL DIRECTOR'S SIGNATURE D.W. Davenport	

(Licensed Embalmer's Statement on Reverse Side)

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

4-21-61

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 John B. Lewis

Licensed Embalmer No. 45

P. O. Address KC 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.