

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22398

State File No. _____

FILED JUL 27 1954

BIRTH NO. _____ REG. DIST. NO. 57 PRIMARY REG. DIST. NO. 4098 Registrar's No. 121

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Belton</u>		c. LENGTH OF STAY (In this place) <u>4 days</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>703 2nd. St.</u>		e. STREET ADDRESS (If rural, give location) <u>801 Armour 3508</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>CAROLYN VIRGINIA</u>	b. (Middle) _____	c. (Last) <u>CAMPBELL</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 13, 1954</u>
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5. SEX <u>Fe</u>	6. COLOR OR RACE <u>Wh.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Aug. 22, 1872</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months _____	IF UNDER 24 HRS. Days _____	IF UNDER 48 HRS. Hours _____	IF UNDER 1 MIN. Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Social work</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Public Agencies</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Cass Co., Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Robt. E. Campbell</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah E. Mansell</u>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>Don't Know</u>	17. INFORMANT'S SIGNATURE OR NAME <u>J. R. Campbell</u>	ADDRESS <u>Belton, Mo.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBRAL HEMORRHAGE, BASILAR.</u>		<u>2 HOURS.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CEREBRAL ARTERIOSCLEROSIS</u> DUE TO (c) <u>GENERALIZED ARTERIOSCLEROSIS</u>		<u>10+ YRS.</u> <u>10+ YRS.</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 _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NONE</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>BELTON, CASS, MISSOURI</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>NONE</u>
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22. I hereby certify that I attended the deceased from _____, 19____, to July 13, 1954, that I last saw the deceased alive on July 13, 1954, and that death occurred at 9:00 P.m., from the causes and on the date stated above.

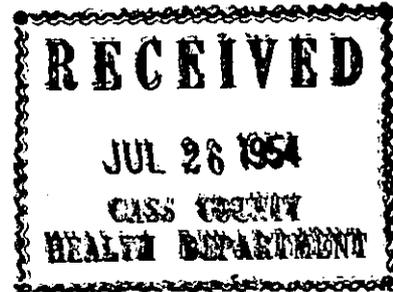
23a. SIGNATURE (Degree or title) <u>Herbert A. Tracy, M.D.</u>	23b. ADDRESS <u>BELTON, Mo.</u>	23c. DATE SIGNED <u>7-14-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7/16/1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Belton Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Belton, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>July 18, 1954</u>	REGISTRAR'S SIGNATURE <u>Dora Pearson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>R. K. George & Sons</u>	ADDRESS <u>Belton, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0190



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 *Richard E. George*

Licensed Embalmer No. *3958*

P. O. Address *Bella M.*

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.