

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8491

State File No. _____

FILED MAR 31 1955

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 115

1. PLACE OF DEATH a. COUNTY <u>Jackson</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>Independence</u>	c. LENGTH OF STAY (in this place) <u>20 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sanitarium</u>		d. STREET ADDRESS (If rural, give location) <u>2908 Appleton</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Emma</u>	b. (Middle) <u>Lou</u>	c. (Last) <u>Campos</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 20, 1955</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>Jan. 27, 1925</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer bolt & Nut Dept. Sheffield Steel</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>30</u> # UNDER 1 YEAR Months Days # UNDER 2 HRS. Hours Min.
11a. BIRTHPLACE (City and State or Foreign Country) <u>Brunswick, Mo.</u>		12. CITIZENRY OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Lester Cunningham</u>	13b. MOTHER'S MAIDEN NAME <u>Laura Brewer</u>	14. NAME OF HUSBAND OR WIFE <u>Leonard M. Campos</u>
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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>490 302561</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Leonard M. Campos</u>	ADDRESS <u>Independence, 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>fractured leg probable</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>fractured skull</u>		
	DUE TO (c)		
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: <u>Part Refused</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Street</u>	21c. (CITY/TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Jackson MO</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>3-20-55</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>One Car Turned Over</u>

22. I hereby certify that I attended the deceased from 18, to 19, that I last saw the deceased alive on 19, and that death occurred at 9:50P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Mayor James Owens</u>	23b. ADDRESS <u>1034 Prater Bldg.</u>	23c. DATE SIGNED <u>3-21-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>3/23/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Elliott Grove</u>
24d. LOCATION (City, town, or county) (State) <u>Brunswick, Mo.</u>		

DATE REC'D BY LOCAL REG. <u>3-23-55</u>	REGISTRAR'S SIGNATURE <u>James Kealy</u>	554	25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. C. Benson</u>	ADDRESS <u>Independence, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

CH 6 454

MAY 11 1956

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

Charles E. Schroeder

Licensed Embalmer No. 4741

P. O. Address Independence, 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.