

FILED MAY 28 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5601 State File No. 16877

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 60

1. PLACE OF DEATH  
a. COUNTY Johnson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY Johnson

b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural Warrensburg c. LENGTH OF STAY (in this place) Life

c. CITY OR TOWN Warrensburg d. In Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF (If in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION R.F.D. # 1 Warrensburg

e. STREET ADDRESS (If rural, give location) R.F.D. # 1 Warrensburg Mo. 0570

3. NAME OF DECEASED a. (First) Jennie b. (Middle) Powell c. (Last) Campbell

4. DATE OF DEATH (Month) (Day) (Year) May. 13 1956

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Sept. 21 1868

9. AGE (In years last birthday) 87

IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (City and State or Foreign Country) Johnson Co. Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME Jessie Powell

13b. MOTHER'S MAIDEN NAME Jane Mathews

14. NAME OF HUSBAND OR WIFE Eurie Campbell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) no

16. SOCIAL SECURITY NO. no

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Eurie Campbell RFD 1 Warrensburg

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, ashenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Right Coronary Arteriosclerosis  
  
ANTECEDENT CAUSES DUE TO (b) \_\_\_\_\_  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
  
DUE TO (c) \_\_\_\_\_  
  
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 24 hr

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 331x

20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 11, 1956, to May 13, 1956, that I last saw the deceased alive on May 12, 1956, and that death occurred at 12:30 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M.D.

23b. ADDRESS Warrensburg Mo.

23c. DATE SIGNED 5-14-1956

24a. BURIAL CREMATION REMOVAL (Specify) Burial

24b. DATE 5-14-56

24c. NAME OF CEMETERY OR CREMATORY Sunset Hill

24d. LOCATION (City, town, or county) (State) Warrensburg Mo.

DATE REC'D BY LOCAL REG. MAY 14 1956

REGISTRAR'S SIGNATURE Savannah Creekfield

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sweeney Phillips Warrensburg Mo.

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

7-0

RECEIVED  
MAY 21 1956  
JOHNSON COUNTY HEALTH DEPT.

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 P. Rodgers*

Licensed Embalmer No. *496*  
*Warrensburg, Mo*  
P. O. Address .....

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.