

Health,  
Welfare  
Public  
Service

300  
1-56

Doctor, coroner, etc., must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
Don A. Black

STANDARD CERTIFICATE OF DEATH

FILED AUG 29 1956

26810  
STATE FILE NUMBER  
3533

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>			2. USUAL RESIDENCE (Where deceased lived. If Institutional Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KANSAS CITY</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>KANSAS CITY</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>RESEARCH Hospital 50yos</b>			Length of stay in lb <b>5</b> d. STREET ADDRESS (If outside, give location) <b>3126 FOREST</b>		
3. NAME OF DECEASED (Type or print) First <b>William</b> Middle <b>Talman</b> Last <b>Campbell</b>			4. DATE OF DEATH Month <b>August</b> Day <b>13</b> Year <b>1956</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>FEB 2, 1876</b>	9. AGE (In years last birthday) <b>80</b> IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>PHARMACIST AND DRUGGIST</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>SEVERANCE, KANSAS</b>	
13. FATHER'S NAME <b>JAMES A. Campbell</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT <b>MRS ROSE M. Campbell</b> Address <b>3126 FOREST K.C.M.</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Artificial electric heart disease</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					INTERVAL BETWEEN ONSET AND DEATH <b>42 hrs</b>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour, Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>1954</b> to <b>Aug 13, 1956</b> and last saw <del>her</del> <b>him</b> alive on <b>Aug 12, 1956</b> Death occurred at <b>5:00 A.</b> m on the date stated above; and to the best of my knowledge, from <b>the</b> causes stated.					
22a. SIGNATURE <b>Don A. Black M.D.</b> (Degree or title)			22b. ADDRESS <b>924 Prof. Bldg.</b>		22c. DATE SIGNED <b>8/13/56</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		23b. DATE <b>AUG. 13, 1956</b>	23c. NAME OF CEMETERY OR CREMATORY <b>DENTON CEMETERY</b>		23d. LOCATION (City, town, or county) (State) <b>DENTON KANSAS</b>
24. FUNERAL DIRECTOR <b>D. W. NEWCOMERS</b> ADDRESS <b>1331 K.C. MO. Brush Creek Blvd</b>			25. DATE RECD. BY LOCAL REG. <b>8-13-56</b>		26. REGISTRAR'S SIGNATURE <b>New Minshall</b>

(Licensed Embalmer's Statement on Reverse Side)

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.....  
*Robert Ray*

Licensed Embalmer No. 41

P. O. Address K.C., Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.