THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

31073

STATE FILE NUMBER

FILED OCT 10 1956 Registration District No. 146 Primary Registration District No. 5568 Registrar's No. 429

1. PLACE OF DEATH
a. COUNTY Jackson (Blue Twp)
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City Zone 29 — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 4300 Claremont — Length of stay in 1b 16 Yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City Zone 29 — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 4300 Claremont — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Melvin Middle G. Last CAMPBELL

4. DATE OF DEATH Month Sept. Day 28, Year 1956

5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Jany. 21, 1903
9. AGE (In years last birthday) 53 — 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) Salesman
10b. KIND OF BUSINESS OR INDUSTRY Wholesale Shoe Corp.
11. BIRTHPLACE (City and state or country) Ellsworth Kansas
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Grant Campbell
14. MOTHER'S MAIDEN NAME Catherine Lingo

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 511-05-3708
17. INFORMANT Marjorie Frandes Campbell — Address 4300 Claremont Kansas City Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH Sudden
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) 4201
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 6-30-56, to 9-28-56 and last saw him alive on 9-26-56
Death occurred at 7:15 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Paul A Kimberly M.D.
22b. ADDRESS 5246 St John
22c. DATE SIGNED 9-28-56

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 10-1-56
23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery
23d. LOCATION (City, town, or county) (State) Kansas City, Missouri

24. FUNERAL DIRECTOR Mellody McGilley Eylar — ADDRESS K. C. Mo.
25. DATE RECD. BY LOCAL REG. 10-1-56
26. REGISTRAR'S SIGNATURE James Kraeg

(Licensed Embalmer's Statement on Reverse Side)

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 casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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Kimberley

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B[illegible]-0141

FEB 15 1962

OCT 3 1957

NOV 8 19[illegible]

NOV 1 9 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John H Bryan

Licensed Embalmer No. 29

P. O. Address KC M

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.