THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

38542

STATE FILE NUMBER

FILED NOV 26 1956 Registration District No. 164 Primary Registration District No. 3032 Registrar's No. 139

1. PLACE OF DEATH
a. COUNTY Johnson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Warrensburg, Inside Limits Yes Yes No
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Warrensburg Medical Center, 2Weeks Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Johnson
c. CITY OR TOWN Warrensburg, 0512 Inside Limits Yes Yes No
d. STREET ADDRESS (If outside, give location) 610 S. Maguire St. Reside on Farm Yes No No

3. NAME OF DECEASED (Type or print) First EARL Middle Last CAMPBELL
4. DATE OF DEATH Month Day Year November 16th. 1956
5. SEX Male
6. COLOR OR RACE White
7. MARRIED ✓ NEVER MARRIED WIDOWED DIVORCED
8. DATE OF BIRTH April 14, 1907
9. AGE (In years last birthday) 49 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) Freight Truck Driver,
10b. KIND OF BUSINESS OR INDUSTRY Transport,
11. BIRTHPLACE (City and state or country) Johnson County, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Guy Campbell
14. MOTHER'S MAIDEN NAME Mary Bearman
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. 495-36-6985
17. INFORMANT Address Mrs. Flossie Campbell, Warrensburg, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Circulatory Failure, Acute
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hydroperitoneum (Ascites)
DUE TO (c) Carcinoma of Gall Bladder.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 155X

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 10-26-56 to 11-16-1956 and last saw her/him alive on 11-16-1956
Death occurred at 9:15A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Keith D. Jones (Degree or title) M.D.
22b. ADDRESS Warrensburg, Missouri.
22c. DATE SIGNED 11-16-1956

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 11-18-1956
23c. NAME OF CEMETERY OR CREMATORY Sunset Hill Cemetery,
23d. LOCATION (City, town, or county) (State) Warrensburg, Missouri

24. FUNERAL DIRECTOR ADDRESS R.A. Brauninger, Warrensburg, Mo.
25. DATE RECD. BY LOCAL REG. Nov. 18, 1956
26. REGISTRAR'S SIGNATURE Savannah Critchfield

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. W. A. Brauninger

Licensed Embalmer No. 33

P. O. Address Warrenk

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.