Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-044015
STATE FILE NUMBER

FILED DEC 18 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5624

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN Kansas city Mo — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Luke's — Length of stay in 1b 11 Years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas city Mo — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 3743 Park ave — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Mr Middle W. Last Dean Campbell
4. DATE OF DEATH Month 11 Day 27 Year 1958
5. SEX Male
6. COLOR OR RACE White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH 9-4-1900
9. AGE (In years last birthday) 58 — 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 Hilliard Chevrolet
11. BIRTHPLACE (City and state or country) Barnard Missouri
12. CITIZEN OF WHAT COUNTRY? U S A
13a. FATHER'S NAME Lowell Campbell
13b. MOTHER'S MAIDEN NAME Ollie Alkire
14. NAME OF HUSBAND OR WIFE Melanie Campbell
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. 494-32-5716
17. INFORMANT Melanie Campbell Address 3743 Park ave

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) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH 8 wks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Subacute Bacterial Endocarditis — 10 wks
DUE TO (c) Arteriosclerotic Heart Disease — 2-3 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Carcinoma of Prostate 4 wks
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
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 Sept 10 1958, to Nov 27th 58 and last saw her/him alive on Nov 26th 58
Death occurred at 3:15 AM on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE Robert W Hamill (Degree or title) M.D.
22b. ADDRESS Kansas City Mo
22c. DATE SIGNED 11/28/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 11-30-58
23c. NAME OF CEMETERY OR CREMATORY —
23d. LOCATION (City, town, or county) (State) Maryville, Missouri
24. FUNERAL DIRECTOR France-Worrall Funeral Home ADDRESS
25. DATE RECD. BY LOCAL REG. 11-29-58
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

Robert W. Hamill M.D.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Russell N. Franc

Licensed Embalmer No. 4258

P. O. Address KC 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.