

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-015939

FILED VS MAY 2 1960

STATE FILE NUMBER

Registration District No. 164 Primary Registration District No. 3032 Registrar's No. 55

1. PLACE OF DEATH a. COUNTY <b>Johnson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Johnson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Warrensburg</b>	Length of stay in 1b <b>31 Years</b>	c. CITY OR TOWN <b>Warrensburg</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>713 N. Holden St.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>713 N. Holden</b>

3. NAME OF DECEASED (Type or print) <b>Harry Gerald Campbell</b>	First Middle Last	4. DATE OF DEATH <b>April 27 1960</b>	Month Day Year
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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>3-10-1892</b>	9. AGE (last birthday) <b>68</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesman</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Monuments</b>	11. BIRTHPLACE (City and state or country) <b>Traverse City, Mich.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
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13a. FATHER'S NAME <b>John E. Campbell</b>	13b. MOTHER'S MAIDEN NAME <b>Cora Cook</b>	14. NAME OF HUSBAND OR WIFE <b>Vada Gaubert Campbell</b>
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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>493-22-6663</b>	17. INFORMANT <b>Mrs Vada Gaubert Campbell</b>	Address <b>Warrensburg, MO</b>
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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>Acute cardiac failure</b>		INTERVAL BETWEEN ONSET AND DEATH <b>6 hrs.</b> <b>10-12 yrs.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Senile cirrhosis</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)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	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.)
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20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year
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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 <b>Warrensburg</b>	COUNTY <b>Johnson</b>	STATE
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21. I attended the deceased from **Oct. 1946** to **Apr. 26, 1960** and last saw him alive on **Apr. 26, 1960**  
Death occurred at **7 am** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>Harry Henderson, M.D.</b>	(Degree or title)	22b. ADDRESS <b>Warrensburg</b>	22c. DATE SIGNED <b>4/27/60</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>4-30-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Sunset Hill Cemetery</b>	23d. LOCATION (City, town, or county) <b>Warrensburg, Mo.</b>	(State)
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24. FUNERAL DIRECTOR <b>Sweeney-Phillips-Warrensburg, Mo.</b>	ADDRESS	25. DATE RECD. BY LOCAL REG. <b>4-28-60</b>	26. REGISTRAR'S SIGNATURE <b>Savannah Crutchfield</b> <b>Earl B. Deputy</b>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 7 1960

SEP 25 1960

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Mavis D. Daily

Licensed Embalmer No. 4887

P. O. Address Warrington

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.