

No. 300  
10-48

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11052

State File No. ....

FILED APR 14 1953  
Missouri (vines) chlonve2

REG. DIST. NO. 299 PRIMARY REG. DIST. NO. 1625 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <b>Reynolds</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Reynolds</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Oats</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWNSHIP <b>Rural Black River</b> <u>1900</u>	
c. LENGTH OF STAY (in this place) <b>life</b>		d. STREET ADDRESS (If rural, give location) <b>Oats</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>At Home</b>			

3. NAME OF DECEASED (Type or Print) <b>MARK WARD CAMDEN</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>3/20/1953</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Sept. 21 1950</b>
9. AGE (In years last birthday) <b>2</b> Months <b>5</b> Days <b>29</b> Hours <b></b> Min. <b></b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Oats Mo.</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U S</b>			

13a. FATHER'S NAME <b>Paul Camden</b>	13b. MOTHER'S MAIDEN NAME <b>Opal Mathes</b>	14. NAME OF HUSBAND OR WIFE <b>Single</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'S SIGNATURE OR NAME <b>Paul Camden</b> ADDRESS <b>Oats Mo</b>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>7 hours</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Poisoning, probably arsenic</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>E 8860</b> <b>14</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>home</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Black Reynolds, Mo.</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>March 20, 1953-11 A</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Drook water from rat poison bottle.</b>

22. I hereby certify that I attended the deceased from 3-20 1953 to 3-20 1953, that I last saw the deceased alive on 3-20 1953, and that death occurred at 6:30P m., from the causes and on the date stated above.

23a. SIGNATURE <b>Bruce Bull</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>Fronton, Mo.</b>	23c. DATE SIGNED <b>3-21-53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>3/21/1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Myers Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Black Mo</b>
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DATE REC'D BY LOCAL REG. <b>4/2/53</b>	REGISTRAR'S SIGNATURE <b>E. M. ...</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>White Funeral Home Fronton Mo</b> ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Received 4-13-53  
Reynolds County Health Center  
File No. 453 - 1

**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 \_\_\_\_\_

Was not embalmed

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Rachel White

Licensed Embalmer No. 3012

P. O. Address Director

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