

FILED SEP 1 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28565

5840

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

BIRTH NO. _____ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 5968 Registrar's No. 89

1. PLACE OF DEATH a. COUNTY <u>Polk - Benton Sup.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Baliviar</u> c. LENGTH OF STAY (If this place) <u>Life</u>		c. CITY OR TOWN <u>Baliviar</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7 Mi. East of Baliviar</u>		e. STREET ADDRESS (If rural, give location) <u>7 Mi. East of Baliviar</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Rona</u> b. (Middle) <u>Martin</u> c. (Last) <u>Campbell</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 6 1954</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec 2 1896</u>
9. AGE (In years last birthday) <u>57</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	9. AGE (In years last birthday) <u>57</u> 10. MONTHS <u>8</u> 11. DAYS <u>4</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Near Halvay Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
11a. FATHER'S NAME <u>Benjamin Campbell</u>	11b. MOTHER'S MAIDEN NAME <u>Rebecca (McGowan) Castella</u>	11. NAME OF HUSBAND OR WIFE <u>Campbell</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>yes WWI</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Castella Campbell</u> ADDRESS <u>Halvay Mo</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart Failure</u>			
ANTECEDENT CAUSES DUE TO (b) <u>Shock from</u>			
DUE TO (c) <u>Electrocution from</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Contacting High Voltage</u>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>High Voltage</u>	<u>E 9148</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Baliviar Polk Missouri</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug 6 1954</u>	21e. INJURY OCCURRED WHILE AT WORK? <input checked="" type="checkbox"/> NOT WHILE AT WORK? <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Put up telephone line</u>	
22. I hereby certify that I attended the deceased from <u>Aug 6, 1954</u> , to _____, 19____, that I last saw the deceased <u>live on Aug 6, 1954</u> , and that death occurred at <u>5:30 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Edward Green</u>		23b. ADDRESS <u>Coroner Polk Baliviar Mo.</u>	23c. DATE SIGNED <u>Aug 7, 1954</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug 8 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Hill Cem. East of Baliviar Mo</u>	24d. LOCATION (City, town, or county) (State) <u>Mo</u>
DATE REC'D BY LOCAL REG. <u>Aug 24, 1954</u>	REGISTRAR'S SIGNATURE <u>Ralph Vanderpeijl</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Blue</u>	ADDRESS <u>Baliviar Mo</u>

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 *Edward J. Erwin*

Licensed Embalmer No. *309*

P. O. Address *Holifax, N.C.*

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.