

FILED JUN 28 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18153**

BIRTH NO. _____ REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **3008** Registrar's No. **160**

1. PLACE OF DEATH
a. COUNTY **Callaway**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Virginia** b. COUNTY **Augusta**

b. CITY (If outside corporate limits, write RURAL and give townships) **Fulton**

c. CITY OR TOWN **Staunton**

d. Is Residence within limits of a city or incorporated town?
Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **Enroute to Callaway Hospital**

e. STREET ADDRESS (If rural, give location) **RFD 1**

3. NAME OF DECEASED
a. (First) **Mary** b. (Middle) **Bessie** c. (Last) **Campbell**

4. DATE OF DEATH (Month) (Day) (Year)
June 2 1954

5. SEX **Female**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH **Mar. 24, 1884**

9. AGE (In years last birthday) **70**
IF UNDER 1 YEAR: Months _____ Days _____
IF UNDER 18 HRS: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
unknown

10b. KIND OF BUSINESS OR INDUSTRY
unknown

11. BIRTHPLACE (City and State or Foreign Country) **Augusta County Virginia**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **George W. Williams**

13b. MOTHER'S MAIDEN NAME **Alice Rosen**

14. NAME OF HUSBAND OR WIFE **Charles E. Campbell**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
unknown

16. SOCIAL SECURITY NO. **unknown**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Rosen Funeral Home Middlebrook Va.

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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Cerebral Concussion**
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. **Peripheral Vascular Collapse**

INTERVAL BETWEEN ONSET AND DEATH
Acute

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
Highway

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Callaway, Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)
6-2-54 6:30

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?
Auto Collision

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **7:25** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
Clarence J. Lewis, M.D.

23b. ADDRESS
Fulton Mo.

23c. DATE SIGNED
6-23-54

24a. BURIAL, CREMATION, REMOVAL (Specify)
Removal

24b. DATE
June 3, 1954

24c. NAME OF CEMETERY OR CREMATORY
Dr Middlebrook (Staunton) Va.

24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG.
June 23-1954

REGISTRAR'S SIGNATURE
Maretha Lawrence

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Mauspin Funeral Home Fulton Mo

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

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 *Lucy A. Placant*.....

Licensed Embalmer No. *37*

P. O. Address *Frederick*

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.