

FILED SEP 7 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28222

BIRTH NO. _____		REG. DIST. NO. 187		PRIMARY REG. DIST. NO. 5694		Registrar's No. 156	
1. PLACE OF DEATH a. COUNTY Livingston				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Livingston			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chillicothe Twp.		c. LENGTH OF STAY (In this place) 32 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chillicothe 05-90			
d. FULL NAME OF HOSPITAL OR INSTITUTION R.R. #1 Chillicothe				d. STREET ADDRESS (If rural, give location) R.R. #1 Chillicothe 0			
3. NAME OF DECEASED (Type or Print) a. (First) ROY		b. (Middle) ROBERT		c. (Last) CAMERON		4. DATE OF DEATH (Month) (Day) (Year) August 30 1954	
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb. 27 1881	
9. AGE (In years last birthday) 73		IF UNDER 1 YEAR Months 6		IF UNDER 1 YEAR Days 3		IF UNDER 1 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroader		10b. KIND OF BUSINESS OR INDUSTRY Signalman		11. BIRTHPLACE (City and State or Foreign Country) Hale, Missouri 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME A.A. Cameron		13b. MOTHER'S MAIDEN NAME Sarah Lienberg		14. NAME OF HUSBAND OR WIFE Lydia Israel Cameron			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No NONE		16. SOCIAL SECURITY NO. 07 -05-1120		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Letha Cameron RR #1 Chillicothe, Mo.			
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) <u>Electrocution</u> 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. <u>E9145</u> <u>40</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>	
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) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Street</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Chillicothe, Livingston 1910</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>9 - 30 - 54, 8:30 a.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Hot wire fell on him while moving tree branch.</u>			
22. I hereby certify that I attended the deceased from <u>None</u> , 19____, to _____, 19____, that I last saw the deceased <u>Aug 30, 1954</u> , and that death occurred at <u>8:30 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Joseph G. Conrad</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Chillicothe, Mo.</u>		23c. DATE SIGNED <u>Sept. 1 - 54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 1, '54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Edgewood Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Chillicothe (Liv.) Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Sept - 154</u>		REGISTRAR'S SIGNATURE <u>Frances B. Neill</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Norman Funeral Home; Chillicothe, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

0590
2250

SEP 28 1954
SEP 22 1954
SEP 22 1954

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
Student Embalmer

Signed Edwin L. Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, 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 this body is not embalmed, fact should be so stated above.