No. 300
10-48

FILED NOV 17 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36430

BIRTH NO. _____ REG. DIST. NO. 6 PRIMARY REG. DIST. NO. 5031 Registrar's No. 34

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

1. PLACE OF DEATH
a. COUNTY: Audrain
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cuivre Twship
c. LENGTH OF STAY (in this place): ——
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Walsh Refractories

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Audrain
c. CITY OR TOWN: Vandalia
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 213 East Union

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3. NAME OF DECEASED (Type or Print)
a. (First): Osborne
b. (Middle): Earl
c. (Last): Campbell

4. DATE OF DEATH (Month) (Day) (Year): Nov 10, 1954

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 1, 1891
9. AGE (In years last birthday): 63 — If under 1 year: Months 6, Days 9 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Welder
10b. KIND OF BUSINESS OR INDUSTRY: Refractories
11. BIRTHPLACE (City and State or Foreign Country): Bland, Missouri
12. CITIZEN OF WHAT COUNTRY?: US

13a. FATHER'S NAME: James Baker Campbell
13b. MOTHER'S MAIDEN NAME: Mary Ellen Terrell
14. NAME OF HUSBAND OR WIFE: Pearl Campbell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES — (If yes, give war or dates of service): World War I
16. SOCIAL SECURITY NO.: 498-14-4665
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs Pearl Campbell, Vandalia, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ~~Inquest with jury~~, The deceased was injured on moving machinery on November Io, 1954 and died from said injuries, in the Walsh Refractories, accidental death, no evidence of foul play.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b)
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

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19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: death, no evidence of foul play.
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Walsh Refct,
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Quiver Audrain Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Nov 10, 1954 11am
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Accidental

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22. *I hereby certify that I attended the deceased from* Inquest, with, to Jury, 19__, *that I last saw the deceased* Died on Nov. 10, 1954, *and that death occurred at* 11 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): S. C. Adams, M.D. Coroner
23b. ADDRESS: Mexico Mo.
23c. DATE SIGNED: 11 11 54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov 13, 1954
24c. NAME OF CEMETERY OR CREMATORY: Cedar Grove Cemetery
24d. LOCATION (City, town, or county) (State): Salem, Missouri

DATE REC'D BY LOCAL REG.: Nov 12 1954
REGISTRAR'S SIGNATURE: Mallie Fuqua
FUNERAL DIRECTOR'S SIGNATURE: William B. Waters
ADDRESS: Vandalia, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed William B. Matus

Licensed Embalmer No. 416

P. O. Address Vandalia

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.