SIANDARD CERTIFICATE OF DEATH BIRTH NO. REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 622 2 Registrar No. 2 0 LENGTH OF DEATH B. COUNTY Ray B. CITY (If couldde corpthe limits, write RUPAL and give of Off of the limits of t	IED APR 8 10 60	THE DIVISION OF HE			9516
PLACE OF DEATH a. COUNTY Ray D. CITY (If soluble corporate limits, write RURAL and give robons limits, write RURAL and give related to the country of	1352	STANDARD CERTIF	ICATE OF DEATH	State File No	
a. COUNTY (II outside portures Buildy, write RURAL and give township) D. CITY (II outside portures Buildy, write RURAL and give township) TOWN RUPAL — Richmond TwinShp) d. FULL NAME Of it as is begind it entitudine, give stress actives or insulated. HIGHLAND, OS 5 miles North of Richmond 3. NAME OF BUILS North of Fichmond 3. NAME OF BUILS North of Fichmond 3. NAME OF BUILS North of Richmond 3. NAME OF BUILS North of Richmond 3. NAME OF BUILS NORTH OF BUILS NORTH (Month) WILLIAM JASPER CAMPBELL DEATH March 28, 1952 CAMPBELL DEATH MARCH 28, 1	BIRTH NO	REG. DIST. NO. 297_	PRIMARY REG. DIST. NO.	0022 Registrar's No.	Q O
B. CITY (If contacts corporate limits, write RURAL and give foresteen from Rural — Richmond Twinsphip) I Stave in the second property of the control of the			2. USUAL RESIDENCE	(Where deceased lived, If in	
TOWN Rural - Richmond Twitship Street address or loss loss of the control of autivulos. For extent address or loss loss of the control of Richmond Smithles North of North Office Smithles North Office Smithl	a. COUNTY Ray		a. STATE Missouri	b. COUNTY R	ay
d. FULL NAME OF (if so is a baseled or leastination, either street address or location) ACOPTED MOSTITUTION Mostin Mosti	b. CITY (If outside corporate limite, wri	te RURAL and give C. LENGTH OF	C. CITY (If outside corporate limits, write RURAL and give township)		
ADDRESS 133 Benton St. ADDRESS 135 Benton St. ADDRESS 135 Benton St. ADDRESS 133 Benton St. ADDRESS 135 Benton St. ADDRES	· · · · · · · · · · · · · · · · · · ·		(0891
DECEASED CAMPBELL DEATH March 28, 1952	I HOSPITALOR .		II ADDRESS	· -	O
ASPER S. SEX 6. COLOR OR RACE 7. MARRIED, NEEDER MARRI	3. NAME OF a. (First)	b. (Middle)	c. (Last)	4. DATE (Month)	(Day) (Year)
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER NEW MARRIED NEVER MARRIED NEVER NEW MARRIED NEVER N		4 JASPER	CAMPBELL	DEATH March 28	8. 1952
Male White Widower Wildows 10. SUBLATION (COUNTRY) ID. SUBJECT STREET ST	5. SEX / 6. COLOR OR RA	CE 7. MARRIED, NEVER MARRIED,	8. DATE OF BIRTH	9. AGE (In years) IF DRIVER	I YEAR OF UNDER ALMOS.
10a. USUAL OCCUPATION (circh winds over border) 10b. KIND OF BUSINESS OR IN Retured farmer 10b. KIND OF BUSINESS OR IN Retured farmer 10b. KIND OF BUSINESS OR IN RETURE 10b. MATTER'S MADE 12b. MATTER'S MADE	Male White	Widower 2 Spears	June 10, 1868		
Retired farmer Farming LiCoal mining Ray County, Mo. U.S.A.	10a. USUAL OCCUPATION (Give kind of w	ork 10b. KIND OF BUSINESS OR IN-		n equatry)	12. CITIZEN OF WHAT
13b. MOTHER'S NAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE 15. WAS DECASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY 17. INFORMANT'S SIGNATURE OR NAME KAINSAS APROS MARCHAEL 1. DISEASE OR CONDITION 10. ON	Retired farmer		ing Ray County	7. Mo.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NOTE 17. INFORMANT'S SIGNATURE OR NAME KAINSAS APRESSAM MEDICAL CERTAFICATION 18. CAUSE OF DEATH Enter only one course per line for (a), (b), and (c) This does not meen Northed conditions, if only, iping DUE TO (b) ANTECEDENT CAUSES ANTECEDENT					
NO NOTE NO	RicharddCampbell	L -			
NO NOTE MEDICAL CERTAFICATION BLACK OF DEATH Enter only one course per line for (e), (b), and (c) "This does not mean the mode of dying, such the mode of dying, such the stock of complica- tion which consisted death. OTHER SIGNIFICANT. CONDITIONS OUNTING STATE OF CONTINE Plan. DATE OF, OPERA- HOMICIDE 21d. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Moonth) (Day) (Year) (Bour) 21d. PLACE OF INJURY (e.g., in or about HOMICIDE 21d. TIME (Moonth) (Day) (Year) (Bour) 21d. TIME (Moonth) (Day) (Year) (Bour) 21d. INJURY OCCURRED (INJURY) 22d. AUTOPSYT WHILE AT NOT WHILE 21d. TIME (Moonth) (Day) (Year) (Bour) 21d. NOT WHILE 21d. SIGNATURE 24d. NAME OF CEMALTORY 22d. LOCATION (City, town, or county) 22d. AUTOPSYT 22d. AUTOPSYT WHILE AT NOT WHILE 22d. BURIAL, CREMA- Adv. DATE 22d. BURIAL, CREMA- Adv. DATE 22d. BURIAL, CREMA- Adv. DATE 22d. BURIAL, CREMA- Adv. DATE 22d. March 30, 1952 Suntry Slope Cemetery Richmond, Mo. DATE RECO BY LOCAL REGISTRARS SIGNATURE 22d. Male Adv. Adv. Adv. Adv. Adv. Adv. Adv. Adv.	15. WAS DECEASED EVER IN U.S. ARM	ED FORCES? 16. SOCIAL SECURITY	17. INFORMANT'S SI	NATURE OR NAME Kai	nsas 499855340
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not meen the mode of dring, such the such crafts (a) ANTECEDENT CAUSES Another conditions, if any, giring DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT. CONDITIONS Obditions contributing to the death but not cate, injury, or compile the underlying cause last. DUE TO (c) III. OTHER SIGNIFICANT. CONDITIONS Obditions contributing to the death but not cate, injury, or compile the underlying cause last. DUE TO (c) III. OTHER SIGNIFICANT. CONDITIONS Obditions contributing to the death but not cate, injury, or compile the underlying cause last. DUE TO (c) III. OTHER SIGNIFICANT. CONDITIONS Obditions contributing to the death but not cate, injury, or compile the underlying cause last. DUE TO (c) III. OTHER SIGNIFICANT. CONDITIONS Obditions contributing to the death but not cate, injury, or compile the underlying cause last. DUE TO (c) III. OTHER SIGNIFICANT. CONDITIONS Obditions contributing to the death but not cate, injury, or compile the underlying cause last. DUE TO (c) III. OTHER SIGNIFICANT. CONDITIONS Obditions contributing of the death but not cate, injury, or compile the underlying cause last. DUE TO (c) III. OTHER SIGNIFICANT. CONDITIONS Obditions contributing of death. DUE TO (c) III. OTHER SIGNIFICANT. CONDITIONS Obditions contributing of death. DUE TO (c) III.					
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF, OPERA. 19b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT SUICIDE HOMICIDE 21b. PLACE OF INJURY (e.g., in or about bome, farm, fastory, street, office bidg., sto.) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 21d. Time (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF INJURY 21e. INJURY OCCURRED WHILE AT NOT WHILE WORK AT WORK 18 2 that Light saw the deceased alive on the dole stated above. 22a. SIGNATURE 22a. SIGNATURE 22a. BURIAL, CREMA, Ab. DATE 22a. BURIAL, CREMA, Ab. DATE 22a. NAME of GEMA ERY OR CREMATORY 22a. BURIAL, CREMA, Ab. DATE 22b. NAME of GEMA ERY OR CREMATORY 22c. DATE SIGNED 22c. DATE SIGNED 22d. NAME of GEMA ERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) s 22d. Name of GEMA ERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) s 22d. Name of GEMA ERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) s 22d. Name of GEMA ERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) s 22d. Name of GEMA ERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) s 22d. Name of GEMA ERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) s 22d. Name of GEMA ERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) s 22d. Name of GEMA ERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) s 22d. Name of GEMA ERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) s 22d. Name of GEMA ERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) s 22d. Name of GEMA ERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) s 22d. Name of GEMA ERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) s 22d. Name of GEMA ERY OR CREMATORY 22d. LOCATION (City, town, or county)	Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart fallure, asthenia, etc. It means the discase, injury, or complica-	T CAUSES tions, if any, giving DUE TO (b) to cause (a) statistic cause last. DUE TO (c)	Star Hem sterio D	clinics	ONSET AND DEATH
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22. I hereby certify that I attended the deceased from the causes and on the date stated above. 23a. SIGNATURE 24. NAME OF CEMANIERY OR CREMATORY 24a. BURIAL CREMATORY 24a. BURIAL CREMATORY 24a. DATE SIGNATURE 24. NAME OF CEMANIERY OR CREMATORY 24a. LOCATION (City, town, or county) 324 324 324 325 326 327 327 328 329 320 320 320 320 320 320 320	21d. TIME (Month) (Day) (Year) OF INJURY	WHILEAT NOT WHILE	21f. HOW DID INJURY OCCUP	37	, , ,
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 273 EFUNERAL DIRECTOR'S SIGNATURE ADDRESS April 1-1952 Malefree Signature Thurman Funeral Rome Richmond, Mo.	alive on 1/4 10/3 619	Dand that death occurred at			ed above.
April 1-1952 malel grekson Thurman huneral Rome Richmord, Mo.		, , , , , , , , , , , , , , , , , , , 	· · · · · · · // · · · · · · · · · · ·		nty) (State) s
	DATE REC'D BY LOCAL REGISTRAR			SI GNATURE A	
	4pm2-1952 mal	respected on	Murmankrum	ual home rich	INIO III , MO.

Silve John

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, occupant					
***************************************	, Student E	Embalmer No			
working under my personal supervision.	•				
Student	Signed Zame Lo A	lurmae			

P. O. Address Richmond, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with

Licensed Embalmer No. 4563

the above constitutes grounds for revocation of license.)

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

Student Embalmer