

FILED NOV 15 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 34447  
34447  
Registrar's No. 91447

No. 300  
10.48

67

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

BIRTH NO. _____		REG. DIST. NO. 217		PRIMARY REG. DIST. NO. 4329		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Mississippi				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Mississippi			
b. CITY (If outside corporate limits, write RURAL and give town) Wyatt		c. LENGTH OF STAY (in this place) 15 yrs		c. CITY (If outside corporate limits, write RURAL and give township) Wyatt			
d. FULL NAME OF HOSPITAL OR INSTITUTION In rear of Partee's Cafe				d. STREET ADDRESS (If rural, give location) In rear of Partee's Cafe			
3. NAME OF DECEASED (Type or Print) a. (First) Willie		b. (Middle) (B o b)		c. (Last) Campbell		4. DATE OF DEATH (Month) (Day) (Year) Nov. 5, 1949	
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married		8. DATE OF BIRTH 1911	9. AGE (In years last birthday) 38	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Alfalfa Mill		11. BIRTHPLACE (State or foreign country) Coffeetown, Miss.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Shep Campbell		13b. MOTHER'S MAIDEN NAME Annie Perkins		14. NAME OF HUSBAND OR WIFE Mrs. (Marie) Campbell			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Mrs. Mary Campbell Del. ADDRESS Gen. Wyatt, 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) BURNED TO DEATH IN HOUSE FIRE. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) ACCIDENTAL II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH  R 916.8 HO	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) ACCIDENT		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) RESIDENCE OF NEIGHBOR		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) WYATT MISS. Mo.			
21d. TIME OF INJURY 11-5-49		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? TRAPPED IN HOUSE FIRE 67			
22. I hereby certify that I attended the deceased from AS CORONER to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6:10P m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) _____				23b. ADDRESS Charleston Mo		23c. DATE SIGNED 11-5-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 6, 1949		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery		24d. LOCATION (City, town, or county) (State) Charleston, Missouri	
DATE REC'D BY LOCAL REG Nov. 7 49		REGISTRAR'S SIGNATURE Mrs. John Bondurant		25. FUNERAL DIRECTOR'S SIGNATURE 196 J. Sparks		ADDRESS Charleston, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

MAY 18 1950  
NOV 17 1949

NOV 12 RE

RECEIVED

Miss. Co. Health Dept

County File No. \_\_\_\_\_

Date Filed NOV 14 1949

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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 embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed Frank Sparks

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 34557

P. O. Address Cape Girardeau

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.