

No. 300  
10. 48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42487**  
Registrar's No. **32**

FILED JAN 11 1954

BIRTH NO. _____		REG. DIST. NO. <b>104</b>	PRIMARY REG. DIST. NO. <b>4176</b>	Registrar's No. <b>32</b>	
1. PLACE OF DEATH a. COUNTY <b>Dunklin</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>New Madrid</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Malden</b>		c. LENGTH OF STAY (in this place) <b>15 Minutes</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Risco</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Dr. Edmondson Clinic</b>			d. STREET ADDRESS (If rural, give location) <b>Risco, Mo.</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>BEVERLY</b>		b. (Middle) <b>JEAN</b>		c. (Last) <b>CAMPBELL</b>	
4. DATE OF DEATH <b>DECEMBER 16, 1953</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>		9. AGE (In years last birthday) <b>15</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		8. DATE OF BIRTH <b>Sept. 3, 1938</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Student</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>High School</b>		11. BIRTHPLACE (State or foreign country) <b>Malden, Mo.</b>	
13a. FATHER'S NAME <b>FRANK CAMPBELL</b>		13b. MOTHER'S MAIDEN NAME <b>CHRISTINE WILLIAMS</b>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>FRANK CAMPBELL, RISCO, Mo.</b>	
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) <b>Crushed Skull, Internal Hemorrhage</b> ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last.</b> DUE TO (b) <b>automobile accident</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>			INTERVAL BETWEEN ONSET AND DEATH _____
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) <b>accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>State Highway</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>New Madrid County, Mo</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>12-16-53 8P</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Blow out of tire into wreck</b>	
22. I hereby certify that I attended the deceased from <b>12-16, 1953</b> , to <b>12-16, 1953</b> , that I last saw the deceased alive on <b>12-16, 1953</b> , and that death occurred at <b>9:18P m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>Dr. Edmondson</b>			23b. ADDRESS <b>Malden, Mo.</b>		23c. DATE SIGNED <b>12-16-53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Dec. 18-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Malden Memorial Park</b>	
24d. LOCATION (City, town, or county) (State) <b>Malden, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>DAY FUNERAL HOME</b> ADDRESS <b>Malden, Mo.</b>			
DATE REC'D BY LOCAL REG. <b>12-30-53</b>		REGISTRAR'S SIGNATURE <b>J. W. Schuman</b>		57	

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

RECEIVED DUNKLIN COUNTY HEALTH  
DEPARTMENT ..... 1-8-54 .....  
COUNTY FILE NUMBER 154-10 .....

---

---

**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

*J. S. Schuman*

Licensed Embalmer No. 4086 .....

P. O. Address *Malden* .....

**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.