

FILED DEC 30 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41874**
Registrar's No. **15**

BIRTH NO. _____ REG. DIST. NO. **267** PRIMARY REG. DIST. NO. **3049**

1. PLACE OF DEATH a. COUNTY Pemiscot		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pemiscot	
b. CITY OR TOWN Hayti		c. CITY OR TOWN Hayti	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS 0781	
3. NAME OF DECEASED a. (First) Mammie b. (Middle) Beatrice c. (Last) Campbell		4. DATE OF DEATH (Month) (Day) (Year) Nov 27 1954	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 18 1874
9. AGE (In years last birthday) 80		10. MONTHS 8	11. DAYS 9
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) Tennessee
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME _____	
13b. MOTHER'S MAIDEN NAME _____		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Martha Campbell		ADDRESS Hayti, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage ANTECEDENT CAUSES Hypertension 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		331X	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? It	
22. I hereby certify that I attended the deceased from (Oct 2) 19 54 , to 11-27 , 19 54 , that I last saw the deceased alive on 11-26 , 19 54 , and that death occurred at 4:30 A m., from the causes and on the date stated above.			
23a. SIGNATURE L. D. Denton (Degree or title)		23b. ADDRESS Hayti, Mo.	
23c. DATE SIGNED _____		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 11-28-54		24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery	
24d. LOCATION (City, town, or county) Hayti, Mo. (State) _____		DATE REC'D BY LOCAL REG. 12-20-54	
REGISTRAR'S SIGNATURE John St. German		FURNERAL DIRECTOR'S SIGNATURE John W. German	
ADDRESS _____		ADDRESS Hayti, Mo.	

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

781

12-298-54

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

DEC 27 1954

DEC 31

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.....
Signature of Student Embalmer

Signed *John H. Herman*.....

Licensed Embalmer No. *425*

P. O. Address *Hayti, W.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.