

FILED APR 4 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10183

 BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5983 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Arkansas</u> b. COUNTY <u>Washington</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cullen Twp</u>		c. CITY OR TOWN <u>Fayetteville</u>	d. Is Residence within limits of a city or incorporated town? Yes <u>X</u> No <u> </u>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>U S Hwy 66 Hooker</u>		f. STREET ADDRESS (If rural, give location) <u>Cleburn & Vandeventer St</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Evertt</u>	b. (Middle) <u>Earl</u>	c. (Last) <u>Campbell</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 27 56</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 19 1903</u>	9. AGE (In years last birthday) <u>52</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>6</u>	IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Groceryman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Commercial</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Tuckerman, Arkansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>John W. Campbell</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Ellis</u>	14. NAME OF HUSBAND OR WIFE <u>Evalee Campbell</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Peace Time Service</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Evalee Campbell Fayetteville Ark</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Maceration of Right Lung</u>		
	ANTECEDENT CAUSES <u>Pulmonary Hemorrhage</u>		
	DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>U S Hwy # 66</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Cullen Twp 034 Pulaski Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Mar 27 56 4:50P</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Auto Accident</u>
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22. I hereby certify that I ~~certified to the death of~~ Evalee Campbell saw the deceased March 27, 1956, and that death occurred at 4:50P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>B. J. Hedger</u>	23b. ADDRESS <u>Richland Missouri</u>	23c. DATE SIGNED <u>March 27 56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>March 28 56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Unknown</u>	24d. LOCATION (City, town, or county) (State) <u>Fayetteville, Arkansas</u>
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DATE REC'D BY LOCAL REG. <u>3-28-56</u>	REGISTRAR'S SIGNATURE <u>Paula Ann Anderson</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>HEDGES FUNERAL HOMES INC Crocker Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

APR 28 1956

MAY 14 1957

APR 6 1956

Date Filed 3-31-56
File Number

San Diego County Health Officer

3-28-56

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ex-
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Clarence Thross

Licensed Embalmer No. 48

P. O. Address W. J. J. J.

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