

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 1 - 1956

STATE FILE NUMBER **34929**
177

Registration District No. **267** Primary Registration District No. **5905** Registrar's No. **177**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Pemiscot	a. STATE Missouri b. COUNTY Pemiscot		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural Portageville	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Portageville,	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Highway 61 South	Length of stay in 1b	d. STREET ADDRESS Rural	(If outside, give location) 0180 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) **Herbert H. Campbell** First Middle Last

4. DATE OF DEATH **Oct. 21, 1956** Month Day Year

5. SEX **M** 6. COLOR OR RACE **Colored** 7. MARRIED NEVER MARRIED WIDOWED DIVORCED

8. DATE OF BIRTH **March 23, 1933** 9. AGE (In years last birthday) **23** IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HRS.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Farming** 10b. KIND OF BUSINESS OR INDUSTRY **Day laborer** 11. BIRTHPLACE (City and state or country) **Kemper Co. Miss.** 12. CITIZEN OF WHAT COUNTRY? **U. S. A.**

13. FATHER'S NAME **Sam Campbell** 14. MOTHER'S MAIDEN NAME **Georgia Murray**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. **409-56-1276** 17. INFORMANT **Georgia Murry Campbell** Address **Portageville, Mo.**

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **Broken neck & Body injuries**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Car run into him**

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)

INTERVAL BETWEEN ONSET AND DEATH

19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) **Car ran into him**

20c. TIME OF INJURY Hour Month, Day, Year **7:30 a.m. 10-21-56**

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from _____ to _____ and last saw her alive on _____
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **John W. German** 22b. ADDRESS **Wayne Mo** 22c. DATE SIGNED **10-21-56**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **Oct. 24, 1956** 23c. NAME OF CEMETERY OR CREMATORY **Portageville Colored** 23d. LOCATION (City, town, or county) (State) **Portageville, Mo.**

24. FUNERAL DIRECTOR ADDRESS **DeLisle Funeral Parlor Portageville, Mo. 10-21-56** 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE **John W German**

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Health, Welfare, Public Service

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10-285-56

OCT 31 1956

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PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

STATEMENT BY LICENSED EMBALMER

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

Student.....
Signature of Student Embalmer

Signed.....
Joseph A. DeLuca

Licensed Embalmer No. 44

P. O. Address *Portage*

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.