

FILED JAN 31 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

393

4836-5-7 Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 122

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY New Madrid	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff		c. CITY OR TOWN Parma Rt. 1	
c. FULL NAME OF (If NOT in hospital, give location) INSTITUTION Doctors Hospital		d. STREET ADDRESS (If outside, give location) 2 mi. W of Parma	
3. NAME OF DECEASED (Type or print) First Debra Middle Ann Last Campbell		4. DATE OF DEATH Month Jan Day 18 Year 1957	
5. SEX F	6. COLOR OR RACE cauc	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 13, 1957
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) Months 2 Days 2 Hours Min.
11. BIRTHPLACE (City and state or country) Parma Mo. Rt. 1		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME W.E. Campbell		14. MOTHER'S MAIDEN NAME Nary Marie Hull	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT W.E. Campbell		Address Parma Mo. Rt. 1	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Prematurity Multiple Birth (Twins) DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 776x	
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 1-13-57 to 1-14-57 and last saw her/him alive on 1-14-57 Death occurred at 1:30 P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Arthur C. Parker, J. M. D.		22b. ADDRESS Poplar Bluff Mo	
22c. DATE SIGNED 1/21/57			
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE Jan. 15, 1957	
23c. NAME OF CEMETERY OR CREMATORY Parma Cemetery		23d. LOCATION (City, town, or county) (State) Parma Mo.	
24. FUNERAL DIRECTOR Watkins Fun. Svc.		ADDRESS Parma Mo.	
25. DATE RECD. BY LOCAL REG. 1/24/57		26. REGISTRAR'S SIGNATURE W. H. Muehler	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

RECEIVED

JAN 28 1957

BUTLER CO. HEALTH CENTER

FILE No. _____

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed *Earl M. Utter* _____

Licensed Embalmer No. _____

P. O. Address *Butler*

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.