

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

394

FILED FEB 14 1957

STATE FILE NUMBER

4837-57

Registration District No. 47

Primary Registration District No. 3007

Registrar's No. 149

1. PLACE OF DEATH a. COUNTY <b>Butler</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, give TOWNSHIP only) OR TOWN <b>Poplar Bluff</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Parma Rtl</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Doctors Hospital</b>			Length of stay in lb <b>6 days</b>		d. STREET ADDRESS (If outside, give location) <b>2 mi. W, Parma</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Debra</b> Middle <b>Jean</b> Last <b>Campbell</b>				4. DATE OF DEATH Month <b>Jan.</b> Day <b>19</b> Year <b>1957</b>				
5. SEX <b>female</b>	6. COLOR OR RACE <b>cauc.</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Jan. 13, 1957</b>		9. AGE (In years last birthday)	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Parma Mo, Rtl.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>W.E. Campbell</b>				14. MOTHER'S MAIDEN NAME <b>Mary Marie Hull</b>				
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 <b>W.E. Campbell</b>			Address <b>Parma Mo. Rtl</b>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Prematurity (Multiple Birth)</b>							INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							DUE TO (b)	
							DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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.) <b>776X</b>					
20c. TIME OF INJURY Hour <b>8:15</b> Month <b>1</b> Day <b>13</b> Year <b>1957</b> a. m. <b>A</b> p. m.								
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 <b>Parma Mo.</b>		COUNTY		STATE
21. I attended the deceased from <b>1-13-57</b> to <b>1-13-57</b> and last saw her alive on <b>1-19-57</b> Death occurred at <b>8:15 A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <b>Arthur C Parker, Jr. M.D. Poplar Bluff, Mo</b>						22b. ADDRESS <b>Parma Mo.</b>		22c. DATE SIGNED <b>2/2/57</b>
23a. BURIAL, CREMATION, REMOVAL <b>burial</b>		23b. DATE <b>Jan. 20 1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Parma Cemetery</b>			23d. LOCATION (City, town, or county) (State) <b>Parma Mo.</b>		
24. FUNERAL DIRECTOR <b>WATKINS &amp; SONS -</b>				ADDRESS <b>Parma Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>2/5/57</b>		26. REGISTRAR'S SIGNATURE <b>BH Muntz</b>

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms or vital causes. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

RECEIVED  
FEB 11 1957

BUTLER CO. HEALTH CENTER

FILE No. \_\_\_\_\_

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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 \_\_\_\_\_

*this body was not embalmed*

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.