

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **8085**  
Registral's No. **40**

BIRTH NO. _____		REG. DIST. NO. <b>82</b>		PRIMARY REG. DIST. NO. <b>5320</b>		Registral's No. <b>40</b>	
1. PLACE OF DEATH a. COUNTY <b>Cooper</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Cooper</b>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Rural-Palestine Twp.</b> )				c. LENGTH OF STAY (in this place) <b>8 yrs</b>		c. CITY OR TOWN <b>02700</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>RFD Boonville, Mo.</b>				f. STREET ADDRESS (If rural, give location) <b>RFD Boonville, Missouri</b>			
3. NAME OF DECEASED (Type or Print) <b>HERBERT</b>		a. (First)		b. (Middle) <b>WINFORD</b>		c. (Last) <b>CAMPBELL</b>	
5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>		8. DATE OF BIRTH <b>July 23, 1881</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>farming</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>-----Oklahoma</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Samuel Campbell</b>		13b. MOTHER'S MAIDEN NAME <b>Mary A. McDill</b>		14. NAME OF HUSBAND OR WIFE <b>unknown</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Clarence Huckaby</b> ADDRESS <b>RFD Boonville, Mo.</b>			
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) <b>Ventricular Fibrillation</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Aortic Aneurysm</b> DUE TO (c) <b>Syphilitic Heart Disease</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>approx. 5 mo.</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? <b>2</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE <b>Self</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>home</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Speed Cooper 7222</b>			
21d. TIME OF INJURY <b>3-27-57 6A</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>sick</b>			
22. I hereby certify that I attended the deceased from <b>9-3</b> , 1956, to <b>3-23</b> , 1957, that I last saw the deceased alive on <b>3-4</b> , 1957, and that death occurred <b>approx 6am.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Richard W. Callison D.O.</b>		23b. ADDRESS <b>Birneyton, Mo.</b>		23c. DATE SIGNED <b>3-24-57</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>March 24/57</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Carpenter-Reavis Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Cooper County, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>3/24/57</b>		REGISTRAR'S SIGNATURE <b>Sta Hooper</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>B.W. Hacker</b>		ADDRESS <b>Boonville Mo</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 2

1957

### 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.....

*Berry W. Thacker*

Licensed Embalmer No. *394*

P. O. Address *Boonville*

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.