

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32552

32552

FILED OCT 9 1953

BIRTH NO. REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 3049 Registrar's No. 152

1. PLACE OF DEATH a. COUNTY <i>Pemiscot</i>		2. USUAL RESIDENCE (Where deceased lived; if not, last residence) a. STATE <i>Arkansas</i> b. COUNTY <i>Pemiscot</i>	
b. CITY OR TOWN <i>Hayti</i>		c. CITY OR TOWN <i>West Memphis</i>	
c. LENGTH OF STAY (In this place)		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Pemiscot County Hosp.</i>		e. STREET ADDRESS <i>Unknown</i> 8030	
3. NAME OF DECEASED a. (First) <i>Frank</i> b. (Middle) <i>Hewe</i> c. (Last) <i>Campbell</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>9-26-53</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <i>Divorced</i>	8. DATE OF BIRTH <i>Aug. 10, 1911</i>
9. AGE (In years last birthday) <i>42</i>		10. MONTHS <i>1</i>	11. DAYS <i>16</i>
10a. USUAL OCCUPATION (Give kind of work for most of working life, even if retired) <i>Lecturer Helper</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Electric Company</i>	
11. BIRTHPLACE (City and State or Foreign Country) <i>Jackson, Mississippi</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>R. G. Campbell</i>		13b. MOTHER'S MAIDEN NAME <i>Effie Morgan</i>	
14. NAME OF HUSBAND OR WIFE <i>None</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>Yes</i> (If yes, give war or dates of service) <i>World War No. 1</i>		16. SOCIAL SECURITY NO. <i>428-03-2624</i>	
17. INFORMANT'S SIGNATURE OR NAME <i>B. A. Campbell</i>		ADDRESS <i>McComb, Miss</i>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Automobile Accident</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE <i>Accident</i> (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Highway 61 North</i>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>Hayti Pemiscot Mo.</i>	
21d. TIME OF INJURY <i>9-26-53 5:30P</i>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>Truck turned over throwing out of it</i>	
22. I hereby certify that I attended the deceased from _____ 19____, to _____ 19____, that I last saw the deceased alive on _____ 19____, and that death occurred at <i>6:00P</i> m., from the causes and on the date stated above.			
23a. SIGNATURE <i>John H. German</i> (Degree or title) <i>Coroner</i>		23b. ADDRESS <i>105 E. Washington Hayti, Mo</i>	
23c. DATE SIGNED <i>9-29-53</i>			
24a. SIGNATURE (For Removal)	24b. DATE <i>9-28-53</i>	24c. NAME OF CEMETERY OR CREMATORY <i>McComb, Miss.</i>	24d. LOCATION (City, town, or county) (State) <i>McComb, Miss</i>
DATE REC'D BY LOCAL REG <i>9-29-53</i>	REGISTRAR'S SIGNATURE <i>John W. German</i> 406	25. FUNERAL DIRECTOR'S SIGNATURE <i>Hortman's Fun. Home</i> ADDRESS <i>McComb, Miss</i>	

(Licensed Embalmer's Statement on Reverse Side)

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

10-309-53

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

OCT 8 1953

OCT 13 1953

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 none.....
Signature of Student Embalmer

Signed Raymond L. Duffie.....

Licensed Embalmer No. 4798.....

P. O. Address Hayti, Mo.....

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.