

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-004712

STATE FILE NUMBER

FILED MAR 4 - 1958

Registration District No. 53 Primary Registration District No. _____ Registrar's No. 198

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Cape Girardeau		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau		a. STATE Missouri		b. COUNTY Cape Gir	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hopper Rd		Length of stay in 1b 67 yr		c. CITY OR TOWN Cape Girardeau		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First Herbert		Middle Charles		Last Campbell		Month Day Year Feb 19 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 2 1890	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Month Days Hours Min. 0 10 17	IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Telephone Worker		10b. KIND OF BUSINESS OR INDUSTRY Bell Telephone		11. BIRTHPLACE (City and state or country) Cape Girardeau Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13. FATHER'S NAME Charles Campbell				14. MOTHER'S MAIDEN NAME Martha English			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no		16. SOCIAL SECURITY NO. —		17. INFORMANT Mrs Ruby Campbell, Cape Gir 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) Pulmonary Emphysema							INTERVAL BETWEEN ONSET AND DEATH 7 1/2 years
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(n)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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.)				
20c. TIME OF INJURY Hour Month, Day, Year a. m. 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		COUNTY STATE	
21. I attended the deceased from January 1950 to February 19, 1958 and last saw him alive on Feb. 19, 1958 Death occurred at 6:45 p. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Edward D Campbell M.D. (Degree or title)				22b. ADDRESS Cape Girardeau, Missouri		22c. DATE SIGNED 2-21-58	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
Burial		2-21-1958		Memorial Park		Cape Girardeau Mo.	
24. FUNERAL DIRECTOR Brinkopf Howell Funeral Home				25. DATE RECD. BY LOCAL REG. Feb 27, 1958		25. REGISTRAR'S SIGNATURE Mr. Homer C. Cooper	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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-56
All diseases in Part I must be casually related. Coroner need not certify to a death due to natural causes. Use only standard nomenclature in item 18. Autopsies will be free. Doctor, coroner, etc. must be casually related.

MAR 7 1958

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 *Witt Genshender*

Licensed Embalmer No. *49*

P. O. Address *Cape Girardeau*

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.