

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27223
Registrar's No. 79

FILED SEP 14 1948
Registration District No. 78

Primary Registration District No. 5902

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

1. PLACE OF DEATH:

(a) County Pemiscot

(b) City or town Hayti Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Randolph Boarding Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In 6 Days or institution 6 Days
(Specify whether years, months or days)

In this community 6 Days
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot

(c) City or town Hayti Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Hayti, Route one
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Phil Ivy

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Male 5. Color or race Negro

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife X

6. (c) Age of husband or wife if alive X years

7. Birth date of deceased March 1 1868
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>80</u>	<u>6</u>	<u>5</u>	hr. _____ min. _____

9. Birthplace Trenton Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Laborer

12. Name Unknown

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Robert Johnson

(b) Address Alamo, Tennessee

17. (a) Burial (b) Date thereof Sept. 9, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Morgan Ridge

18. (a) Signature of funeral director H. S. Smith Funer. Home

(b) Address Caruthersville, Mo.

19. (a) 9-10-48 (b) John W. Herman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 6
year 1948 hour 5 minute _____ P. M.

21. I hereby certify that I attended the deceased from Sept. 1
_____, 1948, to Sept. 6, 1948

that I last saw him alive on Sept. 5, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death

acute cardiac failure Duration 1 hr

Due to acute cardiac dilatation 1 hr

Due to chronic myocarditis 1-2 yr.

Other conditions Coronary-vascular mal disease 2 1/2 years

(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy 12/10

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature J. B. Beecher (M. D. or other) _____
Address Caruthersville Date signed 9-9-48

9-48-264

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 _____
_____, Registered Apprentice No. _____
working under my personal supervision.

Signed William J. Fike
Licensed Embalmer No. 4484
P. O. Address Caruthersville, 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 this body is not embalmed, fact should be so stated above.