No. 300
10.48

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

FILED OCT 13 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31257

BIRTH NO. _____ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 3049 Registrar's No. 97

1. PLACE OF DEATH
a. COUNTY: Pemiscot
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hayti
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): /

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Pemiscot
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hayti 78
d. STREET ADDRESS (If rural, give location): 20 1

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle):
c. (Last): Harvey

4. DATE OF DEATH (Month) (Day) (Year): Aug 27, 1949

5. SEX: Male
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): AD
8. DATE OF BIRTH: Aug 24 1925
9. AGE (In years last birthday): 24 — If under 1 year: Months 0, Days 4 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Day Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Mississippi
12. CITIZEN OF WHAT COUNTRY?: USA.

13a. FATHER'S NAME: Eddie Harvey
13b. MOTHER'S MAIDEN NAME: Ossie Dail
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Eddie Harvey
ADDRESS: Hayti, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardiac Thrombosis — INTERVAL BETWEEN ONSET AND DEATH:

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.

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19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Aug 21, 1949, *to* Aug. 27, 1949, *that I last saw the deceased alive on* Aug 27, 1949, *and that death occurred at* 2 pm *m., from the causes and on the date stated above.*

23a. SIGNATURE: Dr. Bland H. Chastain
(Degree or title): MD
23b. ADDRESS: Hayti Mo
23c. DATE SIGNED: Sept 2-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/29/49
24c. NAME OF CEMETERY OR CREMATORY: Morgans
24d. LOCATION (City, town, or county) (State): Hayti, Mo.

DATE REC'D BY LOCAL REG.: 10-5-49
REGISTRAR'S SIGNATURE: John H. Herman
25. FUNERAL DIRECTOR'S SIGNATURE: John W. German
ADDRESS: Hayti, Mo

(Licensed Embalmer's Statement on Reverse Side)

10 - 79 - 279

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.

Signed John H. German

Signed ..... Student Embalmer

Licensed Embalmer No. 4355

P. O. Address Hayti, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.