No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED SEP 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31267

BIRTH NO. _____ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 5902 Registrar's No. 86

1. PLACE OF DEATH
a. COUNTY: Pemiscot
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Hayti
c. LENGTH OF STAY (In this place): 7K
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 0

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): Rural Hayti
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): E.
c. (Last): Farrow

4. DATE OF DEATH (Month) (Day) (Year): Sept 12, 1949

5. SEX: Male
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): U
8. DATE OF BIRTH: Sept 12, 1946
9. AGE (In years last birthday): 3 — IF UNDER 1 YEAR: Months 0, Days 0; IF UNDER 1 HR.: Hours 0, Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Caruthersville
12. CITIZEN OF WHAT COUNTRY?: USA
13a. FATHER'S NAME: Charlie Farrow
13b. MOTHER'S MAIDEN NAME: Oleavie Batte
14. NAME OF HUSBAND OR WIFE:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Charlie Farrow — 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) Laryngeal Diphtheria — 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)

055X

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 ☐ 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* 9-10, 1949, *to* 9-11, 1949, *that I last saw the deceased alive on* 9-10, 1949 *and that death occurred at* 10:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: L. Masters
(Degree or title): MD
23b. ADDRESS: Hayti Mo
23c. DATE SIGNED: 9-12-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/13/49
24c. NAME OF CEMETERY OR CREMATORY: County
24d. LOCATION (City, town, or county) (State): Hayti Mo Rural

DATE REC'D BY LOCAL REG.: 9-15-49
REGISTRAR'S SIGNATURE: John W Germano 406
25. FUNERAL DIRECTOR'S SIGNATURE: John W Germano
ADDRESS: Hayti, Mo.

(Licensed Embalmer's Statement on Reverse Side)

9-49-248

SEP 15 REC'D

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.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.