

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41689

State File No.

BIRTH NO. _____ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 5902 Registrar's No. 132

0780

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

1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Hayti Rural</u>)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hayti</u>	
c. LENGTH OF STAY (in this place) <u>3 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>Hayti</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hayti Heights</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Essie</u> b. (Middle) <u>Lee</u> c. (Last) <u>Horston</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>December 8 1950</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Colored</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	
8. DATE OF BIRTH <u>May 4, 1912</u>		9. AGE (in years last birthday) <u>38</u>		IF UNDER 1 YEAR: Months _____ Days _____	
IF UNDER 24 HRS. Hours _____ Min. _____		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>		10b. KIND OF BUSINESS OR INDUSTRY -----	
11. BIRTHPLACE (State or foreign country) <u>Glendora, Mississippi</u>			12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>		

13a. FATHER'S NAME <u>George Binder</u>		13b. MOTHER'S MAIDEN NAME <u>Joe Willie Oliver</u>		14. NAME OF HUSBAND OR WIFE -----	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. -----		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Joe Willie Horston Box 355, Hayti</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diabetic Coma due to</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs.</u>	
ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		DUE TO (b) <u>diabetic acidosis</u>		<u>3 days</u>	
		DUE TO (c) <u>diabetes melitus</u>		<u>260X</u>	
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 12/8, 1950, to 12/8, 1950, that I last saw the deceased alive on 12/8, 1950, and that death occurred at 3:45A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Clarence D. Kaiser D.M.D.</u>		23b. ADDRESS <u>Hayti, Missouri</u>		23c. DATE SIGNED <u>12/8/50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-14-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St Luke Cemetery Hayti, Mo, Wardell</u>	
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DATE REC'D BY LOCAL REG. <u>12-22-50</u>		REGISTRAR'S SIGNATURE <u>John St. German 406</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John W. German Hayti, Mo</u>	
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12-50-320

S. B. Beecher, M. D.,
Pemiscot County Health Department,
Caruthersville, Missouri

DEC 28 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 _____

WILLIAM H. STOVALL, JR

Student Embalmer No. 401

working under my personal supervision.

Signed William H. Stovall, Jr.
Student Embalmer

Signed John St. German

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 with the above constitutes grounds for revocation of license.)

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