

FILED JAN 13 1951

STANDARD CERTIFICATE OF DEATH

State File No. 42351
11191
Registrar's No.

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003	
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (In this place) 1 day	c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		b. COUNTY
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital.			d. STREET ADDRESS (If rural, give location) 1806a Cass Ave.		
3. NAME OF DECEASED a. (First) Jocletta b. (Middle) Haywood c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Dec. 28. 1950		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Aug. 7, 1943		9. AGE (In years last birthday) 7 IF UNDER 1 YEAR Months 4 IF UNDER 24 HRS. Days 24
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student.		10b. KIND OF BUSINESS OR INDUSTRY Jackson School	11. BIRTHPLACE (State or foreign country) Rector, Ark.		12. CITIZEN OF WHAT COUNTRY? /
13a. FATHER'S NAME Joe Haywood.		13b. MOTHER'S MAIDEN NAME Easter Taylor		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) no		16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Joe Haywood		ADDRESS 1806a Cass
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, asthma, etc. It means the disease, injury, or complication which caused death.	<p align="center">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Excess Anesthesia Status Epilepticus</i></p> <p>ANTECEDENT CAUSES <i>Lymphatoma; white matter degeneration at City Hosp #1</i></p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <i>for lumpectomy and</i></p> <p>DUE TO (c) <i>adrenalectomy on Dec 28</i></p> <p>II. OTHER SIGNIFICANT CONDITIONS <i>1950 about 305 pm</i></p> <p>CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.</p>				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>5/0.1</i>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <i>305 P.</i> m., from the causes and on the date stated above.					
23a. SIGNATURE <i>Patrick E. Taylor, M.D.</i>		(Degree or title)	23b. ADDRESS <i>1300 Clark</i>		23c. DATE SIGNED <i>12.29.50</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	24b. DATE <i>Jan. 2. 1950</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Rector, Ark.</i>	24d. LOCATION (City, town, or county) (State) <i>Rector, Ark.</i>		
DATE REC'D BY LOCAL REG. <i>DEC 29 1950</i>	REGISTRAR'S SIGNATURE <i>J. B. Lasater</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Bessie Nichols</i>		ADDRESS <i>1431 Union Blvd.</i>

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

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *J. Wm Bentley*

Licensed Embalmer No. *3653*

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.