V.S. No. 300
Rev. 10-48

0781

FILED MAR 16 1951

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9494

BIRTH NO. _____ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 3049 Registrar's No. 24

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 0781
d. STREET ADDRESS (If rural, give location) 417 E. Washington

3. NAME OF DECEASED (Type or Print) a. (First) Ernest b. (Middle) c. (Last) Liles

4. DATE OF DEATH (Month) (Day) (Year) March 5, 1951

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Aug. 15, 1884
9. AGE (In years last birthday) 66 IF UNDER 1 YEAR Months 6 Days 20 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Store Owner
10b. KIND OF BUSINESS OR INDUSTRY Grocery
11. BIRTHPLACE (State or foreign country) Livingston County Ky
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME William Liles
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE Alma Jean Liles

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 Alma Jean Liles 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) Cerebral Apoplexy — INTERVAL BETWEEN ONSET AND DEATH 2 or 3 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Left Hemiplegia Hypertension — 6 or 8 mos.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. — 334 X

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* 3-5-51 1 hr. 3 pm, 19___, *to* March 5, 1951, *that I last saw the deceased alive on* March 5, 1951, *and that death occurred at* 5:15 P m., *from the causes and on the date stated above.* 3:30 pm

23a. SIGNATURE A. F. Shirey (Degree or title) M.D.
23b. ADDRESS Shirey Clinic Hayti Mo.
23c. DATE SIGNED 3-7-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 3-7-51
24c. NAME OF CEMETERY OR CREMATORY East Woodlawn
24d. LOCATION (City, town, or county) (State) Hayti, Mo.

DATE REC'D BY LOCAL REG. 3-7-51
REGISTRAR'S SIGNATURE John W. German 406 0
25. FUNERAL DIRECTOR'S SIGNATURE John W. German ADDRESS Hayti, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

3-51-76

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

MAR 08 1951

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 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 with the above constitutes grounds for revocation of license.)

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