

FILED MAY 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13459**
Registrar's No. **42**

BIRTH NO. **17009-51** REG. DIST. NO. **267** PRIMARY REG. DIST. NO. **5902**

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

1. PLACE OF DEATH a. COUNTY Demassot		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Demassot	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Hayti	c. LENGTH OF STAY (In this place) Life	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Hayti 1780	
d. FULL NAME OF HOSPITAL OR INSTITUTION Heights		d. STREET ADDRESS (If rural, give location) Rt # 1 Box 689	

3. NAME OF DECEASED (Type or Print) a. (First) Orla b. (Middle) Lee c. (Last) Boyd	4. DATE OF DEATH (Month) (Day) (Year) April 25 1951
--	---

5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH March 23 1951	9. AGE (In years last birthday) 0 if under 1 year 1 year 2 days - hours - min.
----------------------	-------------------------------	---	---------------------------------------	---

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) Hayti, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
--	-----------------------------------	---	--

13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Mae B. Boyd	14. NAME OF HUSBAND OR WIFE None
--------------------------------------	---	--

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. None	17. INFORMANT'S SIGNATURE OR NAME Mae B. Boyd	ADDRESS Hayti, Mo Rt 1 Box 689
---	--	---	--

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, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Died without medical attention		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Probably pneumonia as history given DUE TO (c)		
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 493X	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)	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 , 19 , to , 19 , that I last saw the deceased alive on , 19 , and that death occurred at **6:00A** m., from the causes and on the date stated above.

23a. SIGNATURE John W. German	(Degree or title) Local Registrar Hayti, Mo	23b. ADDRESS	23c. DATE SIGNED 4-25-51
---	---	--------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-25-51	24c. NAME OF CEMETERY OR CREMATOR County Cemetery	24d. LOCATION (City, town, or county) (State) Hayti, Mo
--	-----------------------------	---	---

DATE REC'D BY LOCAL REG. 5-5-51	REGISTRAR'S SIGNATURE John W. German	25. FUNERAL DIRECTOR'S SIGNATURE Friends	ADDRESS
---	--	--	---------

5-51-122

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

MAY 7 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.....

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.