

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 13462

FILED MAY 11 1951

BIRTH NO.		REG. DIST. NO. 267		PRIMARY REG. DIST. NO. 5902		Registrar's No. 43	
1. PLACE OF DEATH a. COUNTY <u>Demiseot</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Demiseot</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Hayti</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Hayti 0780</u>		d. STREET ADDRESS (If rural, give location) <u>RT #1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ruffin</u> b. (Middle) c. (Last) <u>Carwright</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 29, 1951</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>March 20 1864</u>	
9. AGE (In years last birthday) <u>87</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Common Labor</u>		11. BIRTHPLACE (State or foreign country) <u>ala</u>	
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Bill Carwright</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMY OR FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>			
15. WAS DECEASED EVER IN U.S. ARMY OR FORCES?		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Willie Johnson</u> ADDRESS <u>Hayti, Mo</u>			
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME		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.			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>UNKNOWN</u>				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		ANTECEDENT CAUSES DUE TO (b) <u>Did not see this</u> DUE TO (c) <u>patient Believe his</u>				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>condition to be extreme</u>	
II. OTHER SIGNIFICANT CONDITIONS		19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <u>weakness &amp; old age.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
20. AUTOPSY?		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)	
21a. ACCIDENT SUICIDE HOMICIDE		21b. PLACE OF INJURY		21c. (CITY, TOWN, OR TOWNSHIP)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
21d. TIME OF INJURY		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 <u>1957</u> , to <u>1957</u> , that I last saw the deceased alive on <u>19</u> , and that death occurred at <u>6:00 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>C.D. Kaisey</u> (Degree or title)				23b. ADDRESS <u>M.D. Hayti, Mo</u>		23c. DATE SIGNED <u>5-1-51</u>	
23a. SIGNATURE		23b. ADDRESS		23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-2-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>County Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Hayti, Mo</u>	
24a. BURIAL, CREMATION, REMOVAL		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION	
DATE REC'D BY LOCAL REG. <u>5-9-51</u>		REGISTRAR'S SIGNATURE <u>John W. German</u> 406		25. FUNERAL DIRECTOR'S SIGNATURE <u>John W. German</u>		ADDRESS <u>Hayti, Mo.</u>	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

0780  
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5-51-124

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

MAY 10 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.....  
Student Embalmer

Signed *John H 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.