

No. 300
10.48

1780

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 20 1951

State File No. 27776

BIRTH NO. 547465 REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 5902 Registrar's No. 81

1. PLACE OF DEATH a. COUNTY <u>Remiscot</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Remiscot</u>	
b. CITY (If outside corporate limits, write BURAL and give township) OR TOWN <u>Rural Hayti</u>		c. LENGTH OF STAY (In this place) <u>5da</u>	
c. CITY (If outside corporate limits, write BURAL and give township) OR TOWN <u>Rural Hayti</u>		d. STREET ADDRESS (If rural, give location) <u>Heights 0780</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Williams</u>	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
				<u>August 6, 1951</u>

5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>Aug 1, 1951</u>	9. AGE (In years) (Month) (Day) (Year)	10. Hrs. (Under 24 Hrs.)	11. Min.
				<u>0</u>	<u>0</u>	<u>6</u>
10a. USUAL OCCUPATION (Of kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Hayti Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Mack Williams</u>	13b. MOTHER'S MAIDEN NAME <u>Earline Wright</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
---	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Tommy Wright</u>	ADDRESS <u>Hayti, Mo</u>
---	--	---	--------------------------

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		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial pneumonia</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (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 8-5-, 1951, to Aug 6, 1951, that I last saw the deceased alive on 8-5-, 1951, and that death occurred at 5:00A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Asberry</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Shirley Clinic Hayti, Mo. 8-14-51</u>	23c. DATE SIGNED
-------------------------------	-------------------------------	---	------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-6-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St Paul Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Hayti Mo</u>
---	-------------------------	--	---

DATE REC'D BY LOCAL REG. <u>8-16-51</u>	REGISTRAR'S SIGNATURE <u>John W. Herman</u>	406	25. FUNERAL DIRECTOR'S SIGNATURE <u>John W. Herman</u>	ADDRESS <u>Hayti, Mo</u>
---	---	-----	--	--------------------------

8-51-201

Rec. AUG 18 1951

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

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. _____

Student
Student Embalmer

not embalmed

Signed John W. German
Licensed Embalmer No. 4350

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.