

FILED MAR 12 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5932

5932

BIRTH NO.		REG. DIST. NO. 267	PRIMARY REG. DIST. NO. 5902	Registrar's No. 32
1. PLACE OF DEATH a. COUNTY <i>Remiscot</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <i>Missouri</i> b. COUNTY <i>Remiscot</i>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural Hayti</i>	c. LENGTH OF STAY (In this place) <i>2 yr</i>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural 1780</i>		
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <i>Hayti Heights</i>		
3. NAME OF DECEASED (Type or Print) a. (First) <i>Mable</i>		b. (Middle) <i>Lee</i>	c. (Last) <i>Holmes</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>Feb. 16, 1952</i>
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Negro</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <i>Never married</i>	8. DATE OF BIRTH <i>Oct 15, 1941</i>	9. AGE (In years last birthday) <i>10</i> # UNDER 1 YEAR Months <i>4</i> Days <i>1</i> # UNDER 1 MRS. Hours <i></i> Min. <i></i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Student</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>-</i>	11. BIRTHPLACE (State or foreign country) <i>Forest City, Ark.</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
13a. FATHER'S NAME <i>Eugene Holmes</i>		13b. MOTHER'S MAIDEN NAME <i>L.D. Grayson</i>		14. NAME OF HUSBAND OR WIFE <i>-</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>	16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Eugene Holmes Hayti, Mo.</i>		
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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>meningitis, fever - Sept 1949 fever</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			INTERVAL BETWEEN ONSET AND DEATH <i>2 wks</i>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>490X</i>			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?		
22. I hereby certify that I attended the deceased from <i>Feb 15, 1952</i> to <i>Feb 16, 1952</i> , that I last saw the deceased alive on <i>Feb 16, 1952</i> , and that death occurred at <i>1:55 P m.</i> , from the causes and on the date stated above.				
23a. SIGNATURE <i>Oyler</i>		(Degree or title) <i>M.D.</i>	23b. ADDRESS <i>Hayti, Mo</i>	23c. DATE SIGNED <i>2-16-52</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>2-19-52</i>	24c. NAME OF CEMETERY OR CREMATORY <i>St Paul Colored Cem</i>	24d. LOCATION (City, town, or county) (State) <i>Hayti Mo (Rural)</i>	
DATE REC'D BY LOCAL REG. <i>3-7-52</i>	REGISTRAR'S SIGNATURE <i>John W. German</i>	406-1	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>John W. German Hayti, Mo.</i>	

(Licensed Embalmer's Statement on Reverse Side)

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

3-52-73

Rec. MAR 8 1952

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

John W. 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.