S. No. 300
v. 10.48

Dr Shirey

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21374

REC'D JUL 9 1952

BIRTH NO. _____ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 3049 Registrar's No. 98

#

781
3

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): 30 Min
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): Rural 0780
d. STREET ADDRESS (If rural, give location): Rt 2 Bragg City

3. NAME OF DECEASED (Type or Print)
a. (First): Earnest
b. (Middle):
c. (Last): Chastain

4. DATE OF DEATH (Month) (Day) (Year): June 15, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec
9. AGE (In years last birthday): 67
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Marion County Alabama
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Cobb Chastain
13b. MOTHER'S MAIDEN NAME: Leda Dodd
14. NAME OF HUSBAND OR WIFE: Virginia Chastain

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.: None
17. INFORMANT'S SIGNATURE OR NAME: L.H. Chastain
ADDRESS: Rt 2 Bragg City, 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): Diabetic Coma —
DUE TO (b): Diabetic Acidosis —
DUE TO (c): Myocarditis Chr.
INTERVAL BETWEEN ONSET AND DEATH: 2 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Myocardial insufficiency.

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* 6-14-, 1952, *to* 6-15-, 1952, *that I last saw the deceased alive on* 6-15-, 1952, *and that death occurred at* 10:00 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: L H Shirey
(Degree or title): MD
23b. ADDRESS: Hayti, Mo
23c. DATE SIGNED: 6-15-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 6-16-52
24c. NAME OF CEMETERY OR CREMATORY: Thorn Hill Cemetery
24d. LOCATION (City, town, or county) (State): Haleyville Alabama

DATE REC'D BY LOCAL REG.: 7-7-52
REGISTRAR'S SIGNATURE: John W Gurman
406-A
25. FUNERAL DIRECTOR'S SIGNATURE: John W Gurman
ADDRESS: Hayti Mo

(Licensed Embalmer's Statement on Reverse Side)

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

7-52-1
Rec JUL 7 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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Raymond L. Duffin

Signed.....
Student Embalmer

Licensed Embalmer No. 4798

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.