

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21375**

BIRTH NO. _____ REG. DIST. NO. **267** PRIMARY REG. DIST. NO. **3049** Registrar's No. **8571**

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

3. NAME OF DECEASED (Type or Print) a. (First) Sam	b. (Middle)	c. (Last) Clark	4. DATE OF DEATH (Month) (Day) (Year) 6-1-52
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5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Unknown	9. AGE (In years last birthday) 39	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Farm labor Farming	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Durant, Miss!	12. CITIZEN OF WHAT COUNTRY? U.S.P.
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13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Unknown
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Year of unknown) (If yes, give year or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mae Anderson	ADDRESS Rt. 2 Bragg City, Mo.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Automobile accident		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid 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"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, factory, school, office bldg., etc.) Public highway	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Hayti, Demiseot, Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 6-1-52	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Truck over-turned
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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 **10:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) James A. Ashburn, M.D. 3	23b. ADDRESS Abrdell, Mo	23c. DATE SIGNED 6-1-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-5-52	24c. NAME OF CEMETERY OR CREMATORY County Cemetery	24d. LOCATION (City, town, or county) (State) West Hayti, Mo.
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DATE REC'D BY LOCAL REG. 6-14-52	REGISTRAR'S SIGNATURE John W. German	4067	25. FUNERAL DIRECTOR'S SIGNATURE Alhalla Funeral Home	ADDRESS Hayti, Mo.
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WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

781
3

JUN 20 1952

6-52-181

Rec JUN 17 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.....
Student Embalmer

Signed

Raymond L. Duffie

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.