

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2439

State File No. _____

FILED FEB 1 1953

BIRTH NO. _____		REG. DIST. NO. <u>267</u>		PRIMARY REG. DIST. NO. <u>5911</u>		Registrar's No. <u>10</u>											
1. PLACE OF DEATH a. COUNTY <u>Demiseat</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> COUNTY <u>Demiseat</u>													
b. CITY OR TOWN <u>Bragg City</u>		c. LENGTH OF STAY (In this place) <u>22 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bragg City 0780</u>		d. STREET ADDRESS (If rural, give location) <u>Rural # 0</u>											
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural # 1</u>				d. STREET ADDRESS (If rural, give location) <u>Rural # 0</u>													
3. NAME OF DECEASED (Type or Print)			a. (First) <u>Bill</u>			b. (Middle) _____			c. (Last) <u>Hardin</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 26-1953</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>About</u>		9. AGE (In years last birthday) <u>53</u>		if UNDER 1 YEAR Months Days		if OVER 1 YEAR Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Laborer</u>		11. BIRTHPLACE (State or foreign country) <u>Mo.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>							
13a. FATHER'S NAME <u>Unknown</u>				13b. MOTHER'S MAIDEN NAME <u>Unknown</u>				14. NAME OF HUSBAND OR WIFE <u>Unknown</u>									
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>W. Wood</u> ADDRESS <u>Bragg City, Mo. R-1</u>											
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Probably Coronary Occlusion</u> *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. ANTECEDENT CAUSES <u>as history given</u> 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"/>	
				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) <u>4201</u>					
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>4:30 a.m.</u> , from the causes and on the date stated above.																	
23a. SIGNATURE <u>John H. German</u> (Degree or title) <u>3 Coroner</u>						23b. ADDRESS <u>Hayti, Mo</u>			23c. DATE SIGNED <u>1-26-53</u>								
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>1-27-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calhoun City Colored Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Calhoun City, Miss</u>											
DATE REC'D BY LOCAL REG. <u>1-27-53</u>		REGISTRAR'S SIGNATURE <u>John W. German</u> 4066				25. FUNERAL DIRECTOR'S SIGNATURE <u>Len L. Derrin</u> ADDRESS <u>ee Kennett, Mo</u>											

(Licensed Embalmer's Statement on Reverse Side)

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

1780

1-35-53

PEMISCOT. COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

JAN 28 1953

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 Edgar Lee Ford

Signed.....

Student Embalmer

Licensed Embalmer No. 1433

P. O. Address Kennerly Rd

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.