

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22377

- State File No. ....

FILED JUL 8 - 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 5902 Registrar's No. 113

0480  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Deming</u>			2. USUAL RESIDENCE: (Where deceased lived; if in institution, residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Deming</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Hayti</u>		c. LENGTH OF STAY (In this place) <u>0790</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Hayti</u>		d. STREET ADDRESS (If rural, give location) <u>Hayti Heights 0</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. FULL NAME OF HOSPITAL OR INSTITUTION		
3. NAME OF DECEASED a. (First) <u>Ed</u> b. (Middle) <u>Washington</u> c. (Last) <u>Washington</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 25, 1953</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Unknown Oct 72</u>		9. AGE (In years) (Month) (Day) (Year) <u>81</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm Day Laborer</u>	11. BIRTHPLACE (State or foreign country) <u>Unknown</u>		12. CITIZEN OF WHAT COUNTRY? <u>9</u>
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MARDEN 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) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Friends</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertension</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral hemorrhage</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____			INTERVAL BETWEEN ONSET AND DEATH <u>5 years</u> <u>6 mos</u>
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>			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>331X</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____		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 <u>5/11</u> , 19 <u>53</u> to <u>5/25</u> , 19 <u>53</u> that I last saw the deceased alive on <u>5/25</u> , 19 <u>53</u> and that death occurred at <u>8:30 P. M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>W. Denton MD</u>			23b. ADDRESS <u>Hayti Mo</u>		23c. DATE SIGNED <u>6-29-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-26-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>County Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Hayti Rural Mo.</u>		
DATE REC'D BY LOCAL REG. <u>7-1-53</u>		REGISTRAR'S SIGNATURE <u>John W. German</u>	406-1	25. FUNERAL DIRECTOR'S SIGNATURE <u>John W. German</u>	
				ADDRESS <u>Hayti Mo</u>	

7-226-53

PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
CARUTHERSVILLE, MO.

JUL 7 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.....  
Student Embalmer

Signed *Raymond L. Suffer*.....

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.