

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5633

State File No.

FILLED MAR 10 1954 REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 3049 Registrar's No. 50

1. PLACE OF DEATH a. COUNTY Pemiscot		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pemiscot	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hayti		c. CITY OR TOWN Hayti	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) 2 hrs.		e. STREET ADDRESS (If rural, give location) Rural Route 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Hayti Memorial Hosp.			

3. NAME OF DECEASED (Type or Print)	a. (First) Thomas	b. (Middle) H.	c. (Last) Bone	4. DATE OF DEATH (Month) (Day) (Year) Feb. 12, 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 25, 1875	9. AGE (In years last birthday) 78	10. UNDER 1 YEAR Months	11. UNDER 6 HRS. Hours	12. MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and State or Foreign Country) Lake County, Tenn.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Edwin Bone	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Mima Bone
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. X	17. INFORMANT'S SIGNATURE OR NAME Mami Bone	ADDRESS R. 1 Hayti, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 yrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Cardio-Vascular		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Disease - Arteriosclerosis DUE TO (c) Cerebral Hemorrhage		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 443X		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)
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 1-24, 1952, to 2-12, 1954, that I last saw the deceased alive on 2-12, 1954, and that death occurred at 9 A.M., from the causes and on the date stated above.

23a. SIGNATURE C. D. Kaiser (Degree or title) M.D.	23b. ADDRESS Hayti, Mo.	23c. DATE SIGNED 2-20-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 2-15-54	24c. NAME OF CEMETERY OR CREMATORY Brownsville Cemetery	24d. LOCATION (City, town, or county) (State) Hickman, Ky.
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DATE REC'D BY LOCAL REG. 2-25-54	REGISTRAR'S SIGNATURE John W. Gorman 406-0	25. FUNERAL DIRECTOR'S SIGNATURE Osburn Funeral Home, Wardell, Mo.	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0.300
0.48
81
0

3-41-54

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 23
CARUTHERSVILLE, MO.

MAR 8 1954

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.....
Signature of Student Embalmer

Signed *James G. Osburn*.....
Licensed Embalmer No. *411*

P. O. Address *Wardell*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.