

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9013**

FILED MAR 18 1955

BIRTH NO. _____ REG. DIST. NO. **267** PRIMARY REG. DIST. NO. **3049** Registrar's No. **56**

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 OR TOWN Hayti c. LENGTH OF STAY (in this place) 25 yr		c. CITY OR TOWN Hayti d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 0781	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) Willie b. (Middle) _____ c. (Last) Evans			4. DATE OF DEATH (Month) (Day) (Year) Feb 22, 1955		
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5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 4, 1876	9. AGE (In years last birthday) 78	10. MONTHS 9	11. DAYS 18	12. HOURS 18	13. MIN. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Day laborer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and State or Foreign Country) Wicks County Miss	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE _____
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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. _____	17. INFORMANT'S SIGNATURE OR NAME Friends	ADDRESS _____
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia, left lung		INTERVAL BETWEEN ONSET AND DEATH 24 hrs	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Post-influenza Syndrome			6 wks
	DUE TO (c) Malnutrition			6 wks
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)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Hayti Mo Rural
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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?
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22. I hereby certify that I attended the deceased from **1-10**, 19**55**, to **2-22**, 19**55**, that I last saw the deceased alive on **2-22**, 19**55**, and that death occurred at **10:00** a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Nancy J. Pines MD	23b. ADDRESS Hayti Mo	23c. DATE SIGNED 2-24-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-22-55	24c. NAME OF CEMETERY OR CREMATORY County Cemetery	24d. LOCATION (City, town, or county) (State) Hayti Mo Rural
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DATE REC'D BY LOCAL REG. 3-12-55	REGISTRAR'S SIGNATURE John W. German 400-0	25. FUNERAL DIRECTOR'S SIGNATURE John W. German	ADDRESS Hayti, Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

3-79-55

MAR 17 1955

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

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.

Not Embalmed

Student.....
Signature of Student Embalmer

Signed.....
John W. German

Licensed Embalmer No. *425*

P. O. Address *Hayti,*

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.