

FILED AUG 15 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 23081

BIRTH NO. _____		REG. DIST. NO. 267		PRIMARY REG. DIST. NO. 3049		Registrar's No. 130					
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. LENGTH OF STAY (In this place) 28 Days		c. CITY OR TOWN Hayti		d. RESIDENCE WITHIN LIMITS OF A CITY OR INCORPORATED TOWN? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 141				
d. FULL NAME OF HOSPITAL OR INSTITUTION Pemiscot County Memorial				Ft. STREET ADDRESS (If rural, give location) 506 South 2nd St.							
3. NAME OF DECEASED (Type or Print) a. (First) William Lafayette			b. (Middle) M.		c. (Last) McHoney		4. DATE OF DEATH August 3, 1955				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Sept 24, 1868		9. AGE (In years last birthday) 86			
						10. MONTHS 10		11. DAYS 9			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired			10b. KIND OF BUSINESS OR INDUSTRY Druggist		11. BIRTHPLACE (City and State or Foreign Country) Crucifer, Tennessee			12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Wm Lafayette McHoney			13b. MOTHER'S MAIDEN NAME Manerva Jones			14. NAME OF HUSBAND OR WIFE _____					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Katherine Nethery				ADDRESS Hayti, Mo.		
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) Pulmonary embolism					INTERVAL BETWEEN ONSET AND DEATH 2 hrs.		
				ANTECEDENT CAUSES Forbid 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. Amputation of leg					3 wks.		
19a. DATE OF OPERATION _____			19b. MAJOR FINDINGS OF OPERATION 465X						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) _____			21d. (COUNTY) _____		21e. (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____			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 6:15 P.M., from the causes and on the date stated above.											
23a. SIGNATURE C.D. Kaiser					23b. ADDRESS (Degree or title) M.D. Hayti, Mo.			23c. DATE SIGNED _____			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 8-4-55		24c. NAME OF CEMETERY OR CREMATORY Nebo Cemetery			24d. LOCATION (City, town, or county) Savannah - Tenn. (Rural)				
DATE REC'D BY LOCAL REG. 8-6-55		REGISTRAR'S SIGNATURE John H. German			25. FUNERAL DIRECTOR'S SIGNATURE John W. German			ADDRESS Hayti, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

0.300  
0.48

8-234-55

AUG 11 1955

PERMISCOOT 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..

Student.....  
Signature of Student Embalmer

Signed *John H. German*

Licensed Embalmer No. *435*

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