

FILED MAR 11 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5693

STATE FILE NUMBER

Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY <u>Jemiscot</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jemiscot</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hayti</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Hayti Heights</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Jemiscot County Memorial Hospital</u>				Length of stay in lb		d. STREET ADDRESS (If outside, give location) <u>Hayti, Mo. Rt 1 Box 17</u>	
3. NAME OF DECEASED (Type or print) First <u>Rose</u> Middle <u>Mary</u> Last <u>Calhoun</u>				4. DATE OF DEATH Month <u>February</u> Day <u>4</u> Year <u>1957</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Wears</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>Nov 1 1955</u>	9. AGE (In years last birthday) <u>1</u>	IF UNDER 1 YEAR Month <u>3</u> Days <u>3</u>	IF UNDER 24 HRS. Hours <u>1</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and state or country) <u>Cauthersville, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Unknown</u>				14. MOTHER'S MAIDEN NAME <u>Nettie Mae Calhoun</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>None</u>	17. INFORMANT Name <u>Nettie M. Calhoun</u> Address <u>Hayti, Mo Rt 1 Box 17</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). <u>D. O. A. at Jemiscot Co. Man. Hosp</u>							INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	DUE TO (c) <u>Sudden Death Syndrome</u>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>History of being well up to a few hrs. before death, 7952</u>							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) <u>2</u>				
20c. TIME OF INJURY Hour <u>10:30</u> Month <u>March</u> Day <u>12</u> Year <u>1956</u> a. m. <u>p.</u>							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <u>1-12-56</u> to <u>March 12, 1956</u> and last saw <u>her</u> alive on <u>March 12, 1956</u> Death occurred at <u>10:30 p</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>C.D. Kaus</u> (Degree or title)				22b. ADDRESS <u>M.D. Hayti, Mo.</u>		22c. DATE SIGNED <u>2-19-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>2-6-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Morgan Ridge</u>		23d. LOCATION (City, town, or county) <u>Cauthersville, Mo</u>		(State)	
24. FUNERAL DIRECTOR <u>John H. German</u> ADDRESS <u>Hayti, Mo</u>			25. DATE RECD. BY LOCAL REG. <u>2-27-57</u>	26. REGISTRAR'S SIGNATURE <u>John H. German</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

(Licensed Embalmer's Statement on Reverse Side)

3-60-57

MAR 8 1957

PEMIGCOT 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 em-  
by me, or by ....., Student Embalmer No. ....  
working under my personal supervision..

Student .....  
Signature of Student Embalmer

Signed *John H. German*

Licensed Embalmer No. 439

P. O. Address *Hayti, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.