

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-002315

STATE FILE NUMBER

FILED JAN 12 1959

Registration District No.

267

Primary Registration District No.

3049

Registrar's No.

1

300
-57

1. PLACE OF DEATH a. COUNTY Perisicot		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Perisicot	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hayti		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Hayti 0786
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION County Hospital		Length of stay in 1b 12 Mrs.	d. STREET ADDRESS (If outside, give location) Star Route
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Billy Middle Joe Last Trammel, Jr.			4. DATE OF DEATH Month Jan. Day 1, Year 1959	
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 9-10-1958	9. AGE (In years last birthday) 0	IF UNDER 1 YEAR Months 3 Days 21	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) X	10b. KIND OF BUSINESS OR INDUSTRY X	11. BIRTHPLACE (City and state or country) Watervliet, Mich.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Billy Joe Trammel, Sr.	13b. MOTHER'S MAIDEN NAME Johnnie Burkhead	14. NAME OF HUSBAND OR WIFE X
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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 Johnnie Trammel Address Star Route Hayti, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Electrolyte imbalance due to anorexia & dehydration DUE TO (b) anorexia & dehydration DUE TO (c) cardiac failure state long time hospitalized		INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2

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.) ITEM 22c CORRECTED BY AFFIDAVIT of Physician 1-27-59
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20c. TIME OF INJURY Hour Month Day Year a.m. p.m. 	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
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21. I attended the deceased from **12-30-58** to **12-31-58** and last saw **him** alive on **12-31-58**
Death occurred at **12000** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Frank W. Caldwell (Degree or title) MD	22b. ADDRESS Hayti Mo	22c. DATE SIGNED 1-28-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-3-59	23c. NAME OF CEMETERY OR CREMATORY Maple Cemetery	23d. LOCATION (City, town, or county) (State) Caruthersville, Mo.
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24. FUNERAL DIRECTOR Osborn Funeral Home, Hayti, Mo. ADDRESS	25. DATE RECD. BY LOCAL REG. 1-2-59	26. REGISTRAR'S SIGNATURE John W. German
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

JAN 6 1959
SPRINGFIELD, 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 *James G. Dabun*

Licensed Embalmer No. 4185
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.