

Health, Welfare & Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010335
STATE FILE NUMBER

FILED MAR 26 1959

Registration District No. 267

Primary Registration District No. 3049

Registrar's No. [Signature]

300
1-57

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|--|----------------------------------|---|---|
| 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, give TOWNSHIP only) OR TOWN Hayti | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Hayti ⁰⁷⁸¹ Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 510 E. Madison | | Length of stay in lb 58 Yrs. | d. STREET ADDRESS (If outside, give location) 510 E. Madison Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Rosa Middle Lee Last Fields | | | 4. DATE OF DEATH Month March Day 17 Year 1959 |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 12-5-1877 |
| 9. AGE (In years birthday) 81 | | IF UNDER 1 YEAR Months 1 Days 17 | IF UNDER 24 HRS. Hours 17 Min. 00 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife | | 10b. KIND OF BUSINESS OR INDUSTRY X | 11. BIRTHPLACE (City and state or country) Lake, Co., Tenn. 1 |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13. FATHER'S NAME Robert Hamilton | |
| 13b. MOTHER'S MAIDEN NAME Sarah Hayes | | 14. NAME OF HUSBAND OR WIFE Deceased | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No X | | 16. SOCIAL SECURITY NO. X | 17. INFORMANT Harry Fields Address Wardell, Mo. |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia | | | INTERVAL BETWEEN ONSET AND DEATH 3 days |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Pyelonephritis | | | 2 years |
| DUE TO (c) Urolithiasis | | | 604X 3 years |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Anemia | | | 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.) | |
| 20c. TIME OF INJURY Hour 11:50 Month, Day, Year a.m. A.M. p.m. | | 20d. INJURY OCCURRED WHILE AT <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 Hayti, Missouri | |
| 21. I attended the deceased from Sept 1957 to March 17 1959 and last saw her alive on March 17 1959 Death occurred at 11:50 A.M. on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) Daniel R. Hesseley MD | | 22b. ADDRESS 80 Box 296 Wardell, Mo. | 22c. DATE SIGNED 3/19/59 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 3-19-59 | 23c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery | 23d. LOCATION (City, town, or county) (State) Hayti, Missouri |
| 24. FUNERAL DIRECTOR Osburn Funeral Home, Hayti, Mo. | | 25. DATE RECD. BY LOCAL REG. Mar. 18, 1959 | 26. REGISTRAR'S SIGNATURE Valeria Popham |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 10. No symptoms will be traced. All diseases in Part I must be causally related.

PENNSCOT 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

James G. Debern

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.