RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED 15 AUG 31 1959

59-029936
STATE FILE NUMBER

Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 109

DED

1. PLACE OF DEATH
a. COUNTY: Pemiscot
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Hayti — Length of stay in 1b: 20 Yrs
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Hayti Heights — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Pemiscot
c. CITY OR TOWN: Hayti — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): Hayti Heights — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Malinda Middle: Last: Brooks
4. DATE OF DEATH: Month 8 Day 15 Year 59
5. SEX: Female
6. COLOR OR RACE: Negro
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 12-24-1878
9. AGE (last birthday): 80
IF UNDER 1 YEAR / IF UNDER 24 HR: Months / Days / Hours / Min.
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): Martin, Tenn.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Unknown
13b. MOTHER'S MAIDEN NAME: Victoria Martin
14. NAME OF HUSBAND OR WIFE: Deceased
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): x
16. SOCIAL SECURITY NO.: x
17. INFORMANT: Patrick McKinney Address: Hayti, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hypertension
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

BY AFFIDAVIT OF

21. I attended the deceased from 8-8-59 to 8/15/59 and last saw her alive on 8/15/59
Death occurred at 5:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE L D Denton (Degree or title) MD 22b. ADDRESS Hayti Mo 22c. DATE SIGNED 8/17/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 8-16-59
23c. NAME OF CEMETERY OR CREMATORY: Homestown Cemetery
23d. LOCATION (City, town, or county) (State): Wardell, Mo.
24. FUNERAL DIRECTOR: Osburn Funeral Home ADDRESS: Hayti, Mo.
25. DATE RECD. BY LOCAL REG.: 8-19-59
26. REGISTRAR'S SIGNATURE: Lalwanda Adams - per Sloan

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed b

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed James G. Dsb

Signature of Student Embalmer

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 c 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.