

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-029938

FILED VS AUG 31 1959

Registration District No. 287 Primary Registration District No. 3049 Registrar's No. 105

STATE FILE NUMBER

INDEXED

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		Length of stay in 1b 3 weeks		c. CITY OR TOWN County Home		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hayti Hospital			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 3mi w. Hayti		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First AMOS Middle HAM Last HAM				4. DATE OF DEATH Month July Day -1- Year 1959					
5. SEX M	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH July-28-74	9. AGE (last birthday) 84	IF UNDER 1 YEAR Months 3 Days 5 Hours Min. 	IF UNDER 24 HR Hours Min. 			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Timber Cutter			10b. KIND OF BUSINESS OR INDUSTRY #6 Tie Maker		11. BIRTHPLACE (City and state or country) Unknown		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME Unknown			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE dead			
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. none		17. INFORMANT Welfare Record				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Vascular Occlusion DUE TO (b) Generalized Arteriosclerosis DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								INTERVAL BETWEEN ONSET AND DEATH Several days Several yrs	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes Mellitus						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
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.)					
20c. TIME OF INJURY Hour a.m. p.m. 		Month, Day, Year 		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 May 23, '59 to 7/1/59 and last saw him alive on 7/1/59 Death occurred at 6:20 A m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE Lois K. Burkhart MD (Degree or title)				22b. ADDRESS Hayti, Mo.				22c. DATE SIGNED 8/3/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7-3-59	23c. NAME OF CEMETERY OR CREMATORY Little Prairie		23d. LOCATION (City, town, or county) (State) Camrutherford, Mo				
24. FUNERAL DIRECTOR LaForge Und. Co. C'Ville, Mo			ADDRESS		25. DATE RECD. BY LOCAL REG. Aug. 6, 1959		26. REGISTRAR'S SIGNATURE LeVanda Adams		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Malcolm Deau

Licensed Embalmer No. 394

P. O. Address Conith

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.