

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-033227

FILED VS SEP 17 1959

STATE FILE NUMBER

Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 115

ENDED

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Pemiscot</u>	a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hayti</u>	Length of stay in 1b <u>1hr</u>	c. CITY OR TOWN <u>Bragg City</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>Pemiscot County Mem. Hosp.</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS <u>Rt. 2</u>	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First <u>Mildred</u>	Middle <u>Cayson</u>	Last	4. DATE OF DEATH	Month <u>Sept</u>	Day <u>4</u>	Year <u>1959</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6-4-1915</u>	9. AGE (last birthday) <u>44</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>0</u>	IF UNDER 24 HR Hours <u>0</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and state or country) <u>Marion County, Alabama</u>	12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>
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13a. FATHER'S NAME <u>John Goodson</u>	13b. MOTHER'S MAIDEN NAME <u>Jane Lloyd</u>	14. NAME OF HUSBAND OR WIFE <u>James A. Cayson</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. -----	17. INFORMANT Address <u>James A. Cayson, Rt 2, Bragg City, Mo.</u>
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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:	INTERVAL BETWEEN ONSET AND DEATH <u>7 hrs.</u>
IMMEDIATE CAUSE (a) <u>cerebral thrombosis</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	
DUE TO (b) _____	
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year
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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 <u>Hayti, Missouri</u>	COUNTY <u>Missouri</u>	STATE
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21. I attended the deceased from <u>9 Aug-3-59</u> to <u>12 Aug-3-59</u> and last saw her/him alive on <u>9-3-59</u> Death occurred at <u>12:50 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <u>M. D. Hayti, Missouri</u>	(Degree or title)	22b. ADDRESS	22c. DATE SIGNED <u>9-4-59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>9-4-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Barnsville</u>	23d. LOCATION (City, town, or county) <u>Hayti, Missouri</u>
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24. FUNERAL DIRECTOR <u>John A. Gorman Funeral Home, Hayti, Mo.</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>9-4-59</u>	26. REGISTRAR'S SIGNATURE <u>La Stenda Adams</u>
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(Licensed Embalmer's Statement on Reverse Side)

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 me  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed John St. German

Licensed Embalmer No. 4355  
P. O. Address Hayti, M

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.