URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–033232

STATE FILE NUMBER

FILED VS OCT 5 1959

Registration District No. 7 Primary Registration District No. 5902 Registrar's No. 119

AMENDED

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 OR TOWN: Hayti — Length of stay in 1b: 2 Yrs.

c. CITY OR TOWN: Hayti — Inside Limits: Yes ☐ No ☒

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): R. R. 1 — Inside Limits: Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location): R. R. 1 — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Wayman Middle: M. Last: Bright

4. DATE OF DEATH: Month: 9 Day: 20 Year: 59

5. SEX: Male

6. COLOR OR RACE: Negro

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 2-9-1893

9. AGE (last birthday): 66

IF UNDER 1 YEAR: Months: Days: IF UNDER 24 HR: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (City and state or country): Savannah, Tenn.

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: Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): W.W. I

16. SOCIAL SECURITY NO.: 312 41 8342

17. INFORMANT: VA. Office Address: Caruthersville, 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): Unknown- this man died with-out medical attentio

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):

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)

From indications, this man starved to death.

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

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____

Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: James G. Osburn (Degree or title): Coroner

22b. ADDRESS: Wardell, Mo.

22c. DATE SIGNED: 9-20-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 9-21-59

23c. NAME OF CEMETERY OR CREMATORY: Homestown

23d. LOCATION (City, town, or county) (State): Wardell, Mo.

24. FUNERAL DIRECTOR: Osburn Funeral Home ADDRESS: Wardell, Mo.

25. DATE RECD. BY LOCAL REG.: 9-21-59

26. REGISTRAR'S SIGNATURE: LaWanda Adams

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

OCT 5 1959

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 A. Dobson

Licensed Embalmer No. 4185

P. O. Address Wardell, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl 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.