

**FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-037083**

**FILED VS NOV 16 1959 267**

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. 5902 Registrar's No. 144

UNDECEASED

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>Concord</u>		Length of stay in 1b		c. CITY OR TOWN <u>Hayti, M</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Highway P. 3 Mi. N. Hayti.</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>S. Third</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>James</u> Middle <u>Edward</u> Last <u>RUSSOM</u>				4. DATE OF DEATH Month <u>November</u> Day <u>3</u> Year <u>1959.</u>									
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>7-5-1942</u>		9. AGE (last birthday) <u>17</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>28</u>		IF UNDER 24 HR Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Day Labor</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (City and state or country) <u>Hayti, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>					
13a. FATHER'S NAME <u>Elmo Russom</u>				13b. MOTHER'S MAIDEN NAME <u>Artie Mae Humphries</u>				14. NAME OF HUSBAND OR WIFE					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>*****</u>				16. SOCIAL SECURITY NO.		17. INFORMANT Address <u>Mrs. Artie M. Russom, Hayti, Missouri.</u>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Auto accident</u>										INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										DUE TO (b) <u>-</u>			
DUE TO (c) <u>-</u>										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			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)													
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" 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.) <u>auto accident</u>									
20c. TIME OF INJURY Hour <u>9</u> a.m. <u>p.m.</u> Month, Day, Year <u>11-3-59</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>		20f. CITY, TOWN, OR LOCATION <u>Hayti, Pemiscot, Mo.</u>		COUNTY		STATE			
21. I attended the deceased from _____ to _____ and last saw <sup>her</sup> him alive on <u>never</u> Death occurred at <u>about 9:00 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <u>P. J. Aquino, M.D.</u>						22b. ADDRESS <u>Caruthersville, Missouri.</u>			22c. DATE SIGNED <u>11-5-59</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>11-6-59</u>		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) <u>Selmer, Tennessee.</u>			(State)				
24. FUNERAL DIRECTOR <u>John W. German Funeral Home, Hayti, Mo.</u>				ADDRESS		25. DATE RECD. BY LOCAL REG. <u>11-5-59</u>		26. REGISTRAR'S SIGNATURE <u>La. Linda Adams</u>					

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 H. German*

Licensed Embalmer No. 4355

P. O. Address Hayti, Missouri.

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.