

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-041166

FILED VS DEC 9 1959 267

Registration District No. 3049 Registrar's No. 158

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY <i>Pemiscot</i>		2. USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) a. STATE <i>MO.</i> b. COUNTY <i>Pemiscot</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Hayti</i>		Length of stay in 1b <i>1 hr</i>	c. CITY OR TOWN <i>Steele, MO</i>
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>Pemiscot memo. Hosp.</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside give location) <i>2 1/2 mi West of Steele</i>
3. NAME OF DECEASED (Type or print) <i>Luella</i>		First Middle Last <i>Mister</i>	4. DATE OF DEATH Month Day Year <i>11 - - 27 - 1959</i>
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Col.</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	9. AGE (last birthday) <i>40</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <i>Cook</i>	11. BIRTHPLACE (City and state or country) <i>Coffeyville, Miss</i>
12. CITIZEN OF WHAT COUNTRY		13. FATHER'S NAME <i>Pres. E. W. Taylor</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>David Gomez, Hayti, MO.</i>		14. NAME OF HUSBAND OR WIFE <i>Orlando Mister</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Unknown - This person died enroute to hospital</i>			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)			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 _____, 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 (Degree or title) <i>James G. Deben, coroner</i>		22b. ADDRESS <i>Waverly, Mo.</i>	
22c. DATE SIGNED <i>11-27-59</i>		23. NAME OF CEMETERY OR CREMATORY <i>Roumanville</i>	
23a. BURIAL, CREMATION, or TYPICAL (Specify) <i>Burial</i>	23b. DATE <i>12-2-59</i>	23c. LOCATION (City, town, or county) <i>Roumanville, Miss</i>	(State)
24. FUNERAL DIRECTOR <i>J. J. Smith</i>	ADDRESS <i>Hayti, MO</i>	25. DATE RECD. BY LOCAL REG. <i>12-1-59</i>	26. REGISTRAR'S SIGNATURE <i>Herold Adams</i>

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 *Ernest Hill* _____

Licensed Embalmer No. 2627
P. O. Address Hillman

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