

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 28 1959

'59 044921

STATE FILE NUMBER

Registration District No. 267 Primary Registration District No. 2049 Registrar's No. 160

UNRECORDED

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Pemiscot	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hayti, Missouri	a. STATE Missouri COUNTY Pemiscot	b. CITY OR TOWN Caruthersville Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hayti Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 608 E. 10 St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH			
First Sybil	Middle Janes	Last	Month Nov.	Day 28	Year 1959	

5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6/4/1884	9. AGE (last birthday) 75	IF UNDER 1 YEAR Months 5 Days 25	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) Wac County Ark.	12. CITIZEN OF WHAT COUNTRY U. S. A.
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13a. FATHER'S NAME R. J. Miller	13b. MOTHER'S MAIDEN NAME Aletha Fuller	14. NAME OF HUSBAND OR WIFE John James
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Address John Janes Caruthersville, Mo.
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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
IMMEDIATE CAUSE (a)	Congestive heart failure	12 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	Hypertensive C.V. Disease
	DUE TO (c)	5 yrs

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 COUNTY STATE
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21. I attended the deceased from 10-31-59 to 11-28-59 and last saw ^{her} ~~him~~ alive on 11-28-59
 Death occurred at 10:45 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>W. Cook M.D.</i>	22b. ADDRESS <i>Caruthersville, Mo 65637-3-57</i>	22c. DATE SIGNED <i>12-3-59</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Nov. 30, 59	23c. NAME OF CEMETERY OR CREMATORY Little Prairie Cem.	23d. LOCATION (City, town, or county) (State) Caruthersville, Missouri
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24. FUNERAL DIRECTOR ADDRESS La Forge Undertkg, Co. CIVILLE,	25. DATE RECD. BY LOCAL REG. 12-3-59	26. REGISTRAR'S SIGNATURE <i>La Honda Adams</i>
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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 _____

Mal C. Dean

Licensed Embalmer No. _____

3941

P. O. Address _____

Candler

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.