

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS. DEC 28 1959 267

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Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 164

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY Pemiscot		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Pemiscot	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hayti		c. CITY OR TOWN Hayti	
Length of stay in lb 59 years		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pemiscot Memorial Hosp:		d. STREET ADDRESS (If outside, give location) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Riley Middle F. Last Summers			4. DATE OF DEATH Month 12 Day 11 Year 59			
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/5/1869	9. AGE (last birthday) 90	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grocery		10b. KIND OF BUSINESS OR INDUSTRY Bayousara, La.		12. CITIZEN OF WHAT COUNTRY U. S. A.		
13a. FATHER'S NAME Martin Summers		13b. MOTHER'S MAIDEN NAME Nina Edwards		14. NAME OF HUSBAND OR WIFE X		

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. X	17. INFORMANT E.M. Holt	Address Blytheville, Ark.
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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: IMMEDIATE CAUSE (a) malnutrition DUE TO (b) senility DUE TO (c) arteriosclerotic cardiovascular			INTERVAL BETWEEN ONSET AND DEATH 2 weeks 6 weeks 15 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

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 1 Dec 59 to 11 Dec 59	COUNTY 10 Dec 59	STATE
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21. I attended the deceased from **1 Dec 59** to **11 Dec 59** and last saw her/him alive on **10 Dec 59**
Death occurred at **1:30 A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE F. Smith (Degree or title)	22b. ADDRESS M. W. Blytheville, Mo.	22c. DATE SIGNED 15 Dec 59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 12-12-59	23c. NAME OF CEMETERY OR CREMATORY Memorial Cemetery	23d. LOCATION (City, town, or county) (State) Blytheville, Ark.
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24. FUNERAL DIRECTOR Osburn Funeral Home, Hayti, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 12-15-59	26. REGISTRAR'S SIGNATURE La. Standa Adams
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 28 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
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W. A. Howard

Licensed Embalmer No. 3959

P. O. Address Blytheville

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.