

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-011979

FILED VS. MAR 28 1980

267

Primary Registration District No. 3049

Registrar's No. 47

STATE FILE NUMBER

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 (If outside corporate limits, give TOWNSHIP only) OR TOWN Hayti		Length of stay in 1b 27 years		c. CITY OR TOWN Hayti		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 Co. Mem. Hosp.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) North Cherry St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Beatrice Middle BYRD Last				4. DATE OF DEATH Month March Day 13 Year 1960				
5. SEX Female		6. COLOR OR RACE Negro		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 9-7-1886		
9. AGE (last birthday) 73		IF UNDER 1 YEAR Months 6 Days 8		IF UNDER 24 HR Hours 4 Min. 15				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife				10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Pinola Co. Miss.		
12. CITIZEN OF WHAT COUNTRY U. S. A.								
13a. FATHER'S NAME Lee Hardie				13b. MOTHER'S MAIDEN NAME Mattie Sims				
14. NAME OF HUSBAND OR WIFE Effie Marrison, Port Heron, Mich.								
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No				16. SOCIAL SECURITY NO. *****				
17. INFORMANT Effie Marrison, Port Heron, Mich.				Address				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebro Vascular Accident DUE TO (b) Hypertensive Cardio Vascular Disease DUE TO (c) 4 yrs Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								
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 checked="" 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 4 a.m. 22 p.m.		Month, Day, Year 9/21/57						
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 9/21/57 to 3/13/60 and last saw her alive on 3/12/60 Death occurred at 4 22 m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE W. K. [Signature]				22b. ADDRESS Hayti, Missouri.		22c. DATE SIGNED 4-17-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4-17-60		23c. NAME OF CEMETERY OR CREMATORY Morgan Ridge Cemetery		23d. LOCATION (City, town, or county) (State) Caruthersville, Missouri		
24. FUNERAL DIRECTOR John W. German Fun. Home, Hayti, Mo.				25. DATE RECD. BY LOCAL REG. 3-17-60		26. REGISTRAR'S SIGNATURE [Signature]		

(Licensed Embalmer's Statement on Reverse Side)

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 _____

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.